



## LIF-TYPE PAYMENT ACCOUNT APPLICATION FORM

### PERSONAL INFORMATION

These changes apply to existing LIF-Type Account No. \_\_\_\_\_  New Application

Full Name (Last, First, Middle)		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Street Address			
City	Province	Postal Code	Country
Social Insurance Number		Date of Birth	
Home Phone	Alternate Phone	E-mail Address	

**Complete this section if the annual statutory minimum payment amount is to be based on your spouse's age.**

Spouse's Full Name (Last, First, Middle)	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Spouse's Date of Birth
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### FUNDING DETAILS

You may use either all or a portion of your locked-in account balance for your LIF-Type Payments. Should your monies currently be allocated to more than one investment option and should you wish to only use a portion of your locked-in monies (e.g. flat amount), the transferred amount will be withdrawn from all of your investment options on a pro-rata basis unless you specify otherwise below.

<b>Amount to be Withdrawn From</b> <input type="checkbox"/> Total Locked-In Account <input type="checkbox"/> Amount (please specify)	<b>Other Withdrawal Request (Specify Details)</b>
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### PAYMENT DETAILS (All regular payments are effective 1<sup>st</sup> of the month)

Date of First Payment (Year/Month):	Frequency of Payments: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
<input type="checkbox"/> Statutory Minimum Amount	<input type="checkbox"/> Statutory Maximum Amount
<input type="checkbox"/> Level Amount of \$	<input type="checkbox"/> Level Amount of \$ _____ increased annually at a rate of _____ %

**Note:** Payments from the second calendar year are subject to the statutory minimums and maximums and will be adjusted, if necessary, to meet this requirement.

### PAYMENT METHOD

**Canadian Residents:** Payments will be deposited to your bank account. Please attach a cheque marked "void."  
**Non-Residents:** If you are a non-resident of Canada, your payments will be mailed to you in Canadian Funds. Upon request, payments can also be mailed to your Canadian bank account for deposit.

### TAX DEDUCTIONS

Income Tax regulations indicate scheduled regular payments will be annualized for the purpose of determining the withholding tax rate for each payment as follows: 10% on annualized payments up to \$5,000, 20% on annualized payments up to \$15,000 and 30% on annualized payments exceeding \$15,000. (Non-residents will have tax withheld from all payments in accordance with applicable tax treaties.) If you prefer to have a greater amount of tax withheld, please indicate the amount or % per payment below and this will be the actual amount withheld:

Flat Amount of \$ _____	<b>OR</b>	% of Total Monthly Payment _____
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## INVESTMENT DETAILS

Please allocate my account value (GICs Excluded) as follows:  Apply to total account  Apply to new funds only

Balanced Fund: %	Bond Fund: %	Cdn Equity Fund: %	Foreign Equity Fund: %	Short Term Fund: %	=	<b>100%</b>
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Your investment instructions will be applied to your LIF-Type Payments only. If the LIF-Type account transferred amount includes investments in GICs, the GICs will be transferred to your LIF-type account as is. Investments in GICs are not included in this reallocation. These instructions will not be applied to other benefits that you may be entitled to under the UBC Faculty Pension Plan.

## FUND WITHDRAWAL DETAILS

If you are investing in more than one fund, please indicate how you want the payments to be made:

**Option 1: Withdrawals to be proportional to the percentage of assets in each fund (includes GICs)**

**Option 2: Deplete 100% of funds in the following order:**

1 <sup>st</sup> Fund:	2 <sup>nd</sup> Fund:	3 <sup>rd</sup> Fund:	4 <sup>th</sup> Fund:	5 <sup>th</sup> Fund:	6 <sup>th</sup> Fund:
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**Option 3: Withdraw from each fund as follows:**

Balanced Fund (%)	Bond Fund (%)	Canadian Equity Fund (%)	Foreign Equity Fund (%)	Short Term Investment Fund (%)	<b>Total (%) 100%</b>
1 Year GIC (%)	2 Year GIC (%)	3 Year GIC (%)	4 Year GIC (%)	5 Year GIC (%)	

## BENEFICIARY INFORMATION

On your death the remaining balance in your account is payable to your beneficiary. If, at the time of your death, you have a spouse according to the definition of spouse in the applicable pension legislation, and that spouse has not waived his or her right to the benefit, the benefit will be paid to that spouse.

**Note:** Please review your most recent Statement of Account to confirm your beneficiary designation.

## MEMBER AUTHORIZATION

I verify that all the information on this form is correct. I have read and understood the options offered under the provisions of the UBC Faculty Pension Plan and understand this application is for LIF-Type Payments from a registered pension plan.

By submitting this application I hereby authorize The University of British Columbia to transmit to Sun Life Assurance Company of Canada the above personal information for the purpose of plan administration. I also authorize Sun Life Assurance Company of Canada to deposit payments due to me into my bank or trust company account, if applicable.

Member Signature <b>X</b>	Date
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## UBC FACULTY PENSION PLAN AUTHORIZATION

Sun Life Assurance Company of Canada is hereby authorized to make payments to the above named payee, for the purpose of providing LIF-Type Payments from the UBC Faculty Pension Plan.

UBC Authorized Signature <b>X</b>	Date
Employer Instructions to Sun Life:	

Updated Nov 2012