

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REQUEST FOR PENSION TERMINATION INFORMATION

Date: \_\_\_\_\_

Your Social Insurance Number: \_\_\_\_\_

Your Date of Birth\*: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

**\* Proof-of-age documentation must accompany this form.** Only a copy of your Birth Certificate or a copy of the “photo” page of your passport will be accepted.

\_\_\_\_\_  
(Your Signature)

- **You must be under age 55 on the first day of the month following the receipt of your application by the Plan Office.**
- Please allow up to 6 weeks for processing your request. The Plan Office will notify you in writing of the results of our review.
- If you are eligible, you will be sent an information package which includes the value of your pension and the options available to you.
- You may or may not be entitled to the “cash” payment option. The amount of the commuted value of your pension at the date of calculation will determine whether or not you are entitled to a cash payment. The information package will identify which options are available to you.