

Application for Pension Benefits

Member updates can be made through your online member account. (some legislative restrictions may apply)

1 Tell Us About You (Please Print)

Social Insurance Number: _____

Last Name: _____ First Name & Initial: _____

Birthdate (dd/mm/yyyy): _____ Spousal Relationship Status: _____

Primary Phone Number: _____ Email Address: _____

Mailing Address: _____

City/Town/Village: _____ Province: _____ Postal Code: _____

Spouse's Name: _____ Spouse's Birthdate (dd/mm/yyyy): _____

Spouse's Social Insurance Number: _____ Member's Employer: _____

Termination Date (dd/mm/yyyy): _____ Retirement Date (dd/mm/yyyy): _____

2 Your Pension Selection

I select the following form of pension:

Survivor Benefits (check one):	60%	75%	100%
Guarantee Period (check one):	5 years	10 years	15 years

Your pension will be paid as long as you live. If you do not have a spouse, you will receive a single lifetime pension guaranteed for 15 years (180 payments). If you have a spouse, your spouse is your joint pensioner. The normal (minimum) form of joint pension is a five-year guarantee period (60 payments) and 60 per cent survivor benefit after the guarantee period expires. You may choose a longer guarantee period and/or larger survivor benefit. If you die, after all guaranteed payments have been made your joint pensioner will receive monthly survivor benefit payments at the rate you choose. If a single pensioner or both joint pensioners die, designated beneficiaries will receive only the payments remaining in the guarantee period.

3 Direct Deposit Information

Complete direct deposit information on reverse side of this application.

4 Sign, Date and Witness

We require proof of your birth and, if you are in a spousal relationship, proof of your spouse's birth and of the relationship. For information about acceptable documents visit the website at mepp.plannera.ca. Click on Account Changes, then Applying for Your Pension. Your application and all required documents must be submitted to MEPP before the first day of the month in which you wish to retire.

 Signature of Member

 Signature of Witness (Witness cannot be a relative)

Date at _____ this _____ day of _____, _____.

5 Tell Us Where You Want Your Payment(s) Deposited

Financial Institution Name: _____

Address: _____

City/Town/Village: _____ Province: _____ Postal Code: _____

Attach your void **personal cheque or your authorized direct deposit form** from your financial institution here (direct deposit form must be stamped by your financial institution).

6 Your Banking Authorization

I understand and agree that:

- my pension payment(s) will be deposited to the account I have identified above;
- if any of the information above changes, it is my responsibility to notify immediately.

I certify that the information given is true, correct and complete to the best of my knowledge.

Signature

Date (dd/mm/yyyy)