



Application for retirement/termination benefits – Supplemental Arrangement

Return completed form to:

UBC Faculty Pension Plan Pension Administration Office

201- 2389 Health Sciences Mall, Vancouver, BC Canada V6T 1Z3

Nota : La version française de ce document est également disponible.

Please PRINT clearly.

1 Plan sponsor inf	ormation						
Name of plan sponsor The University of	British Columbia				Client ID	Plan 03	Contract number 97271 -G
First name			Middle initial	Last name	1		
Date of birth (dd-mm-yyyy)	Social Insurance Number*	Identification number					
*Your Social Insurance I	Number is used for adminis	strative purp	oses so that	information on this for	m is applied to	your a	ccount.
2 Retirement or to	ermination of appointm	nent					
Please check one box o	nly.						
						Date	e (dd-mm-yyyy)
_	nation of my appointment		•		ive:		
☐ I have not retired or	terminated my appointme	ent but reach	n age 71 this y	ear.			
3 Settlement opti	on						
Please select one option		made at any	time after y	ou have left the Univer	sity, annual ins	talment	ts cannot start
I make application to re	ceive the value of my Supp	olemental Ar	rangement a	ccount and elect the fo	ollowing option	٦.	
☐ Annual instalments (to a Maximum of 15 Years)					Date 01	e (dd-mm-yyyy) -
	of payments. Each annual		ill bo a fract	on of the account for	that waar li a w	025 020	will be 1/15th of
•	o will be 1/14 th of the balar				, , ,		
the balance, year tw	O WILL DE 17 14 OF THE DATA	ice, etcj. 1401	ie iliai allilua	i ilistalifierits are payac	ile On the mist		e (dd-mm-yyyy)*
Lump sum payment	(full value of my account)	ta ba withdr	214/12				- (,,,,,,
	funds will be removed from			angement account. Pay	ment will arriv	e a few	days following
☐ Defer payment							
' '	nent of my account. I unde	erstand that t	the latest dat	e to which I can defer	is the first day	of the	month following

4 Payment instructions

Payment method

Note: Tax will be withheld on payments as follows: 10% up to \$5,000; 20% up to \$15,000; and 30% exceeding \$15,000, and 25% on non-resident payments.

Electronic fund transfer (EFT)/Direct deposit: If you are a holder of a Canadian bank account, and wish to have your pension payment directly deposited to your financial institution, please complete and attach the "Direct deposit enrolment form".

☐ Cheque

Wire transfer: If you do not have a Canadian bank account, and wish to receive a wire transfer instead of a cheque, please complete and attach the "Request for benefit payment by wire' form".

Please note: Your receiving financial institution may charge a fee to accept wire transfers.

5 Your authorization

I have read and understood the options offered under the UBC Supplemental Arrangement.

I understand that I can amend or cancel this election by written notice to the University of British Columbia prior to my payment commencement date while I am still a participant in the Supplemental Arrangement, but in no event shall this election be amended or cancelled after payment has commenced.

Your signature [Date (dd-mm-yyyy)
X	

Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at www.sunlife.ca/privacy or call us for a copy.

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.