

# Variable Payment Life Annuity (VPLA) enrolment form

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 information

|  |                           |                   |                                 |
|--|---------------------------|-------------------|---------------------------------|
| Name of plan sponsor<br><b>The Trustees for the UBC Faculty Pension Plan</b> | Client ID<br><b>C0KHL</b> | Plan<br><b>07</b> | Policy number<br><b>97275-G</b> |
|--|---------------------------|-------------------|---------------------------------|

## 2 Member information

|                                  |                            |             |   |  |
|----------------------------------|----------------------------|-------------|---|--|
| First name                       | Middle initial             | Last name   | Assigned sex at birth*<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Date of birth (dd-mm-yyyy)**     | Social Insurance Number*** | Member ID   |   |  |
| Address (street number and name) |                            |             | Apartment or suite  |  |
| City                             | Province                   | Postal code | Telephone number (day)  |  |
| Email address                    |                            |             | Telephone number (evening)  |  |

\*We acknowledge that your lived experience may be different from your assigned sex at birth. We use assigned sex at birth information for data analytics and total plan reporting.

\*\*Valid proof of age is required. Refer to "Retiree Checklist".

\*\*\*By submitting this form you authorize your Social Insurance Number (SIN) to be used for the purposes of tax reporting and administration of benefits and where applicable, you also authorize the use of your SIN as your member ID until such time as it is replaced with a number that is not your SIN.

## 3 Annuity election

For detailed information, please refer to the "UBC Faculty Pension Plan Retirement Options" brochure and the article "Variable Payment Life Annuity Explained".

I elect the following variable payment life annuity:

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| Annuity type (choose one)<br><input type="checkbox"/> 4% <input type="checkbox"/> 7%<br><input type="checkbox"/> Combo _____ % 4% and _____ % 7% (must add up to 100%) |  | Annuity option (choose one)<br><input type="checkbox"/> Single life <input type="checkbox"/> Joint and survivor 60%<br><input type="checkbox"/> Joint and survivor 100% |  | Guaranteed period (choose one)<br><input type="checkbox"/> No guarantee <input type="checkbox"/> 5 year guarantee<br><input type="checkbox"/> 10 year guarantee <input type="checkbox"/> 15 year guarantee |  |
| Annuity start date (dd-mm-yyyy)*   |  | Frequency<br>1st day of each month  |  |  |  |

\*The annuity start date for active members cannot be earlier than one month following your retirement date.



#### 4 Funding details

You may use all or a portion of your account balance in the UBC Faculty Pension Plan to establish your variable payment life annuity.

Amount to be withdrawn:

- Full withdrawal  
 Locked-in funds only  
 Partial withdrawal (specify amount) \$ \_\_\_\_\_ .

Provide withdrawal details:

---

---

---

#### 5 Spousal information (for joint and survivor option)

|                              |                |                            |   |
|------------------------------|----------------|----------------------------|---|
| First name                   | Middle initial | Last name                  | Assigned sex at birth*<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth (dd-mm-yyyy)** |                | Social Insurance Number*** |   |

- Same as member

|                                  |          |             |                            |
|----------------------------------|----------|-------------|----------------------------|
| Address (street number and name) |          |             | Apartment or suite         |
| City                             | Province | Postal code | Telephone number (day)     |
| Email address                    |          |             | Telephone number (evening) |

\*We acknowledge that your lived experience may be different from your assigned sex at birth. Providing this information is optional. We use assigned sex at birth information for data analytics and total plan reporting. This information helps us identify insights we may share with your plan sponsor to help them improve the plan. We may also use this information if we need to set up an annuity for you. If you don't provide your assigned sex at birth, and we can't reach you, we'll calculate the annuity using an assumption for assigned sex at birth that is most conservative to Sun Life, which may be less favourable to you.

\*\*Valid proof of age is required. Refer to "Retiree Checklist".

\*\*\*By submitting this form you authorize your Social Insurance Number (SIN) to be used for the purposes of tax reporting and administration of benefits and where applicable, you also authorize the use of your SIN as your member ID until such time as it is replaced with a number that is not your SIN.

## 6 Spousal declaration

Note: The definition of spouse depends on the pension legislation that applies to the funds being used to establish your annuity.

Pension legislation prescribes a 60% survivor annuity for your spouse. If you are applying for a single life annuity, with or without a guarantee period, your spouse must waive these rights before payments may begin.

I have a spouse (as defined in the applicable pension legislation), and I have included the required spousal waiver/consent form(s) with this application.

I do not have a spouse (as defined in the applicable pension legislation) and a spousal waiver/consent form is not required.

Spouse means, in relation to the Member, a person to whom, on the relevant date, one of the following applies:

(a) the person is

(i) married to the Member, and

(ii) has not been living separate and apart (as described in the *British Columbia Pension Benefits Standards Act*) from the Member for a continuous period longer than 2 years;

(b) a person who has been living with the Member in a marriage-like relationship for a period of at least 2 years immediately preceding the relevant date.

Spouse does not include any person who is not recognized as a spouse or common-law partner for the purposes of any provision of the *Income Tax Act* (Canada) respecting registered pension plans.

If you live in British Columbia, for the purposes of retirement benefits, the person is not considered your spouse if a notice of division of a pension entitlement arising under a separation agreement or an order under Part 5 or 6 of the *Family Law Act* is filed prior to commencement of payments.

## 7 Beneficiary information (for guarantee period options)

The beneficiary(ies) of any monies payable after your death will be in accordance with the last beneficiary designated under the UBC Faculty Pension Plan. If you have elected to receive a variable payment life annuity with a 5 year, 10 year or 15 year guarantee, please complete a "Change of records" form to designate a beneficiary(ies) for the guarantee period.

## 8 Payment instructions

### Payment method

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.**

### Optional withholding tax

Federal and Provincial TD1 forms or a Non Resident NR301 form, as applicable, should be submitted with this enrolment form.

If you want additional tax to be withheld (over and above the applicable mandatory tax), please indicate the amount or percentage per payment below.

Federal: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Provincial (Quebec only): \$ \_\_\_\_\_ or \_\_\_\_\_ %

## 9 Your authorization and signature

I verify that all the information on this form is correct.

I understand that if I have a spouse, I must select a joint and survivor option of not less than 60% benefit to my spouse, unless my spouse has completed and signed a spousal waiver form.

I have read and understood the options offered under the provisions of the UBC Faculty Pension Plan and understand this application is for variable life annuity payments from the pension plan.

I understand that once payments have commenced, the option selected cannot be changed.

|                       |                   |
|-----------------------|-------------------|
| Member signature<br>X | Date (dd-mm-yyyy) |
|-----------------------|-------------------|

Signed at:

|      |                |         |
|------|----------------|---------|
| City | Province/State | Country |
|------|----------------|---------|

|                        |                                |
|------------------------|--------------------------------|
| Witness signature<br>X | Name of witness (please print) |
|------------------------|--------------------------------|

## 10 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](http://www.sunlife.ca/privacy) or call us for a copy.