



LIF-Type payment application

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	Client ID	Plan	Policy number
The Trustees for the UBC Faculty Pension Plan	C0KHL	06	97274-G

2 Member information

First name	Middle initial	Last name		
Date of birth (dd-mm-yyyy)*	Social Insurance Number**		Member ID	
Address (street number and name)			Apartment or suite	
City	Province	Country	Postal code	Telephone number (day)
Email address				Telephone number (evening)

*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 Funding details

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option and you wish to use a portion of your locked-in monies (e.g. flat amount), the transferred amount will be withdrawn from all of your investment options on a pro-rata basis unless you specify otherwise below.

Amount to be withdrawn:

☐ Full withdrawal

☐ Partial withdrawal (specify amount) \$ _____ .

Provide withdrawal details:

FCHG



4 Investment of locked-in funds

These investment instructions will not be applied to any other benefits that you may be entitled to under the UBC Faculty Pension Plan. If applicable, any locked-in funds consisting of guaranteed investments will be transferred to your LIF-Type payment account intact.

☐ I instruct Sun Life Assurance Company of Canada to allocate the segregated funds portion of my locked-in assets described in section 3 to the same investments in my LIF-Type payment account.

OR

☐ I instruct Sun Life Assurance Company of Canada to re-allocate the segregated funds portion of my locked-in assets described in section 3 to my LIF-Type payment account as follows:

Fund name	Percentage allocation
SLA 1Yr Guaranteed Fund (012)	_____ %
SLA 2Yr Guaranteed Fund (024)	_____ %
SLA 3Yr Guaranteed Fund (036)	_____ %
SLA 4Yr Guaranteed Fund (048)	_____ %
SLA 5Yr Guaranteed Fund (060)	_____ %
SLFT 1Yr GIC (551)	_____ %
SLFT 2Yr GIC (552)	_____ %
SLFT 3Yr GIC (553)	_____ %
SLFT 4Yr GIC (554)	_____ %
SLFT 5Yr GIC (555)	_____ %
UBC FPP Balanced Fund (QYC)*	_____ %
UBC FPP Bond Fund (QYD)	_____ %
UBC FPP Canadian Equity Fund (QYE)	_____ %
UBC FPP Foreign Equity Fund (QYF)	_____ %
UBC FPP Fossil Fuel Free Equity and Bond Fund (QKV)	_____ %
UBC FPP STIF (QYG)	_____ %
Total	100%

*Part of this investment option is not held in a segregated fund but is held in trust.

5 Scheduled payment details

Select payment dates and frequency of payments. **Note: Annual payments on January 1st are not permitted.**

The date of first payment for **active members** cannot be earlier than one month following your retirement date.

Select one scheduled payment amount. Starting in the second year, all payment formats are subject to the prescribed minimum/maximum amount and will be adjusted, if necessary, to meet the requirements.

Date of first payment (dd-mm-yyyy)	Date of the month of subsequent payments:		
	<input type="checkbox"/> 1 st of month	<input type="checkbox"/> 15 th of month	<input type="checkbox"/> Last day of month
Frequency of payments:			
<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Amount of scheduled payment:			
<input type="checkbox"/> Prescribed minimum amount	<input type="checkbox"/> Annual gross level amount of \$ _____		
<input type="checkbox"/> Prescribed maximum amount	<input type="checkbox"/> Annual gross level amount of \$ _____ indexed annually at _____ %		

6 Age used for statutory minimum

You can use your spouse's age to base the annual statutory minimum withdrawal. If your spouse is younger, the annual statutory minimum withdrawal will be less than if it is based on your age. If your spouse is older, the annual statutory minimum withdrawal will be greater than if it is based on your age. Only complete this section if you would like to use your spouse's age to calculate your annual statutory minimum payment. Note: this election cannot be changed once payments have started.

Spouse's first name	Middle initial	Last name
Date of birth (dd-mm-yyyy)*	Social Insurance Number	

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

7 Payment withdrawal instructions

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

Select one option.

- ☐ **Option 1:** Prorated across all investment funds (includes guaranteed funds)
- ☐ **Option 2:** Deplete 100% of funds in the following order:

Order	Fund name
1 st	<input type="text"/>
2 nd	<input type="text"/>
3 rd	<input type="text"/>
4 th	<input type="text"/>
5 th	<input type="text"/>
6 th	<input type="text"/>

- ☐ **Option 3:** Withdraw from each fund as follows:

Fund name	Percentage allocation
SLA 1Yr Guaranteed Fund (012)	<input type="text"/> %
SLA 2Yr Guaranteed Fund (024)	<input type="text"/> %
SLA 3Yr Guaranteed Fund (036)	<input type="text"/> %
SLA 4Yr Guaranteed Fund (048)	<input type="text"/> %
SLA 5Yr Guaranteed Fund (060)	<input type="text"/> %
SLFT 1Yr GIC (551)	<input type="text"/> %
SLFT 2Yr GIC (552)	<input type="text"/> %
SLFT 3Yr GIC (553)	<input type="text"/> %
SLFT 4Yr GIC (554)	<input type="text"/> %
SLFT 5Yr GIC (555)	<input type="text"/> %
UBC FPP Balanced Fund (QYC)*	<input type="text"/> %
UBC FPP Bond Fund (QYD)	<input type="text"/> %
UBC FPP Canadian Equity Fund (QYE)	<input type="text"/> %
UBC FPP Foreign Equity Fund (QYF)	<input type="text"/> %
UBC FPP Fossil Fuel Free Equity and Bond Fund (QKV)	<input type="text"/> %
UBC FPP STIF (QYG)	<input type="text"/> %
Total	100%

*Part of this investment option is not held in a segregated fund but is held in trust.

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.

Option to increase withholding tax

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 (20% in Quebec) up to \$5,000, 20% on annualized payments (25% in Quebec) up to \$15,000, and 30% on annualized payments (30% in Quebec) 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.

Federal: \$ _____ or _____ %

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

*A completed Non Resident NR301 form, as applicable, should be submitted with this enrolment form.

9 Beneficiary information

The beneficiary(s) of any monies payable after your death will be in accordance with the last beneficiary designated under the UBC Faculty Pension Plan. If you wish to designate a new beneficiary, please complete a "Change of records form."

If, at the time of your death, you have a spouse as defined by applicable pension legislation, and your spouse has not waived his or her right to the benefit, the benefit will be paid to your spouse.

10 Spousal declaration

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

☐ 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

11 Your authorization and signature

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 the pension plan.

I confirm that no trustee, agent, employee or representative of the plan has advised or influenced my election to allocate the account balances as directed above, and I acknowledge it is my responsibility to seek appropriate investment advice with respect to the allocation.

I acknowledge that implementing my election, as noted above, shall in no way make the trustees liable for any loss that I may suffer from such allocation; and I release and discharge the trustees, their agents, employees and representatives from any and all liability in respect of such allocation.

For contributions invested in SLFT Guaranteed Investment Certificates (term deposits), the terms and conditions set out in the Deposit Agreement between Sun Life Financial Trust Inc. and the plan sponsor also apply.

Member signature X	Date (dd-mm-yyyy)
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12 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 group of companies.