



## RRIF-Type payment application

## Return completed form to:

UBC Faculty Pension Plan

Pension Administration Office

1 Plan sponsor information

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

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

Please PRINT clearly.

TI T					Cli	ient ID	Plan	Policy number
The Trustees for the U	Name of plan sponsor  The Trustees for the UBC Faculty Pension Plan  Continuous Continuo					0KHL	05	97273-G
								'
2 Member information	ነ							
First name		Middle initial	Last name					
Date of birth (dd-mm-yyyy)*	Social Insurance	e Number**	Member	r ID				
Address (street number and name)						LA	partment	or suito
Address (screet namber and name)							partificit	or suite
City		Province		Country		<u> </u>	Telephone number (day)	
Email address		-			•	To	Telephone number (evening)	
**By submitting this form you administration of benefits and	where applicable,	ocial Insurance Ni						
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4 Investment of non-lo	ockod-in funds		
		ner benefits that you may be entitled to	under the LIBC Esculty Pension Plan
	,	eed investments will be transferred to yo	•
	0 0	•	, , , , , , , , , , , , , , , , , , ,
	stments in my RRIF-Type pay	cate the segregated funds portion of my	y non-tocked-in assets described in
OR	arreries in my rain Type pay	There decoding	
	e Company of Canada to re- payment account as follows	-allocate the segregated funds portion o	of my non-locked-in assets described in
Fund name	,		Percentage allocation
SLA 1Yr Guaranteed Fund (012	2)		%
SLA 2Yr Guaranteed Fund (024	1)		%
SLA 3Yr Guaranteed Fund (036	5)		%
SLA 4Yr Guaranteed Fund (048	3)		%
SLA 5Yr Guaranteed Fund (060	D)		%
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	l (QYE)		%
UBC FPP Foreign Equity Fund (	(QYF)		%
UBC FPP Fossil Fuel Free Equit	y and Bond Fund (QKV)		%
UBC FPP STIF (QYG)			%
*Part of this investment op	tion is not held in a segregat	Total ted fund but is held in trust.	100%
5 Scheduled payment of	details		
Select payment dates and frequency	uency of payments. Note: A	nnual payments on January 1 <sup>st</sup> are no	t permitted.
		earlier than one month following your re	
Select one scheduled payment and will be adjusted, if necessa	_	ond year, all payment formats are subje ss.	ct to the prescribed minimum amount
Date of first payment (dd-mm-yyyy)	Date of the month of subsequent  1st of month	payments:  15 <sup>th</sup> of month	☐ Last day of month
Frequency of payments:		_	· · · · · · · · · · · · · · · · · · ·
Annually	☐ Semi-annually	Quarterly	Monthly
Amount of scheduled payment:			
Prescribed minimum amo	unt		

indexed annually at

%

☐ Annual gross level amount of \$

☐ Annual gross level amount of \$

6 Age	used for statutor	y minimum				
You can us	se your spouse's age withdrawal will be les	to base the annual states than if it is based on y	our age. If y	um withdrawal. If your spouse your spouse is older, the annua you would like to use your spo	al statutory minimum v	withdrawal will b
				d once payments have started.		your armuat
Spouse's first	<u> </u>		Middle initial	Last name		
Date of hirth	(dd-mm-yyyy)*	Social Insurance Number				
Bute of Birth	(dd IIIII yyyy)					
*Valid proc	of of age is required.	Refer to "Retiree Check	list".	_		
7 Pavr	nent withdrawal	instructions				
			cate how you	ı want the payments to be ma	ide.	
Select one	option.					
$\square$ Option	1: Prorated across a	ıll investment funds (inc	ludes guarar	teed funds)		
Option	<b>2:</b> Deplete 100% of	funds in the following	order:			
Order	Fund name					
1 <sup>st</sup>						
2 <sup>nd</sup>						
3 <sup>rd</sup>						
4 <sup>th</sup>						
5 <sup>th</sup>						
6 <sup>th</sup>						
	<b>3:</b> Withdraw from e	ach fund as follows:				
Fund n					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 3Y	r GIC (553)				%	
SLFT 4Y	r GIC (554)				%	
SLFT 5Y	r GIC (555)				%	
UBC FPF	P Balanced Fund (QYC)*				%	

UBC FPP Bond Fund (QYD)

UBC FPP STIF (QYG)

UBC FPP Canadian Equity Fund (QYE)

UBC FPP Fossil Fuel Free Equity and Bond Fund (QKV)

UBC FPP Foreign Equity Fund (QYF)

%

%

% %

%

100%

Total

<sup>\*</sup>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 <b>greater</b> 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 and your spouse will be the specified beneficiary. A specified beneficiary allows minimum RRIF-Type payments to continue to be based on your age until the end of the year following your death, unless you indicate that you do not agree with this below.

No, I do not wish my spouse to become the specified beneficiary to allow for continuation of payments based on my age, if applicable, to calculate the minimum annual payment until the end of the year following the year of my death.

\*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.

## 10 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 RRIF-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	Date (dd-mm-yyyy)
X	

## 11 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 <a href="https://www.sunlife.ca/privacy">www.sunlife.ca/privacy</a> 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.