

PULP AND PAPER INDUSTRY PENSION PLAN

APPLICATION FOR PENSION

In accordance with the terms of the Pension Plan, I hereby apply for:

☐ *Normal Pension Benefit (starting 1st day of the month following my 65th birthday)*

☐ *Early Pension Benefit (starting 1st day of any month after I reach age 55 and before I reach age 65)*

starting on the 1st day of _____ (no more than four months from date of this application)

Last Name	First	Middle	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Insurance Number
Address			City	Province
Postal Code	Telephone ()		Date of Birth Day Month Year	
Name of Last Employer			Date of Termination of Employment	
Marital Status	Name of Spouse (if applicable)		Spouse's Date of Birth Day Month Year	
Do you have a former spouse who is entitled to a portion of your pension? Yes <input type="checkbox"/> No <input type="checkbox"/>			(If yes, please enclose relevant portion of Separation Agreement or Court Order.)	

I understand that before any pension is paid, certain documentation must be supplied. Additionally, I understand that I must complete this form and return it to the Administrator at least 30 days before my pension will begin.

Date

Applicant's Signature

Please mail completed form to the Plan Administrator:

*Pulp & Paper Industry Pension Plan
c/o TELUS Health
768 Seymour Street, 11th floor
Vancouver, BC V6B 3K9*