

## Pension Application

**PSSP    Liquor Board    Workers' Compensation    STC    PCSP**

This form is to be completed and submitted one month before a member's retirement date.

### SECTION A: TO BE COMPLETED BY THE MEMBER (Please print)

Social Insurance Number		Last Name		First Name and Initial	
Mailing Address			City	Province	Postal Code
Retirement Date (day/month/year)		Phone Number(s) Home Business		E-mail Address	
Spouse's Name			Spouse's Date of Birth (day/month/year)		

### SECTION B: RETIREMENT OPTION SETTLEMENT (Choose one)

Settlement Options (select one):

Normal or Joint Life (JL) 60% Survivor                      JL 75% Survivor                      JL 100% Survivor

Enhanced Bridge - only available to members retiring before age 65 (select one):

Yes                      No

You are required to provide the following information so your monthly pension can be finalized and approved.

Certified proof of age for yourself	Certified proof of age for your eligible spouse
Certified copy of marriage certificate	Common-Law Declaration
TD1 forms – federal and provincial	Statutory Declaration (if proof of age or marriage is unavailable)

Banking information – Attach your void **personal** cheque or your authorized direct deposit form from your financial institution here (direct deposit form must be stamped by your financial institution).

I acknowledge receipt of a Retirement Estimate from PEBA regarding the pension benefits to which I am entitled due to my retirement under the Plan.

**With my signature I certify that I do not have a spouse (legally married or common-law) other than that identified above.**

I hereby elect the option(s) indicated above, which represents a discharge of my benefit entitlement as an active employee under the Plan. I understand that the amounts provided to me by PEBA are based on the salary and service information provided by the employer at the time of the estimate. If there is a significant difference between my pension and the estimate, I will be advised by PEBA.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date (day/month/year)

SECTION C: EMPLOYER AND TERMINATION INFORMATION		
Last Name of Member	First Name and Initial	Social Insurance Number
Member's Termination Date	Salary or Rate of Pay at Termination (specify period)	Employee Title
Department	Department Contact	
Department Address	City	Province Postal Code
Department Contact's Phone Number	Department Contact's E-mail Address	
Signature of Employer	Date (day/month/year)	

## COMMENTS AND INSTRUCTIONS

### Employees

Fill out Sections A and B. If you cannot attach a **personal** void cheque, have your financial institution fill out and stamp an authorized direct deposit form. Please have your employer complete Section C. Sign and submit the completed form to the Plan at the address below. **Please note your retirement cannot be finalized until all sections have been completed.**

Your retirement date is the date immediately following your termination date.

All options guarantee a pension for the lifetime of you and your eligible spouse. The percentage indicated is the portion of your pension that your eligible spouse will receive in the event of your death.

Dependent children are only entitled to a survivor benefit where a Joint Life 60 per cent survivor, or Joint Life 60 per cent survivor with Enhanced Bridge are elected.

### Employers

If the member has provided you the form, fill out Section C and have the member submit the form to the Plan.

### Acceptable Documentation for Change in Spousal Relationship

- declaration of common-law relationship;
- divorce certificate or decree absolute;
- marriage certificate;
- single status declaration; or
- spouse's death certificate

#### For more information please contact:

Public Service Superannuation Plan (PSSP)  
 c/o Public Employees Benefits Agency (PEBA)  
 1000 - 1801 Hamilton Street  
 REGINA SK S4P 4W3  
 Phone: 306-787-3988  
 Email: [pssp@peba.gov.sk.ca](mailto:pssp@peba.gov.sk.ca)  
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