

RETIREMENT DECLARATION

Name

Social Insurance Number/MSP ID

In retiring on a pension from the **Multi-Sector Pension Plan**, I declare that I will be bound by all the Rules and Regulation of the Pension Plan and that:

1. I understand that while I am younger than age 71, I must notify the Trustees **in writing within 15 days of my return to work.**
2. I understand that if I return to work in Covered Employment, as defined in Section 1.11 of the Rules and Regulations, I will have my pension benefits suspended in accordance with Section 5.06 of the Rules and Regulations and that I may earn additional benefits in accordance with Section 5.07 of the Rules and Regulations.
3. I understand that if benefits are paid to me for months in which disqualifying employment occurred, the Trustees will recoup the pension payments for each of those months including the use of setoffs against future benefit payments.
4. **I understand that I, personally, must endorse each pension cheque.**

Signature

Date Signed

PENSIONER'S SIGNATURE

To the Board of Trustees:

My signature, which appears below, will be used at all times in endorsing the pension cheques which you send to me.

NOTE: If you sign by using a mark, your signature must be witnessed by two people. **ALL SIGNATURES MUST BE WRITTEN IN INK.**

Signature of Pensioner

Date Signed

If Signature is a mark
Signature of Witness

Date Signed

If Signature is a mark
Signature of Witness

Date Signed

A note about privacy: The Pension Plan requires certain personal information about plan members, their employment and their beneficiaries. For example, a pension plan needs to know the birth dates of its members and their social insurance numbers. The Plan must also track members' wages and their hours of work to ensure that all required contributions are made on their behalf. The Plan requires information about members' spouses, or beneficiaries, so benefits can be paid to the appropriate individual in the event of member's death. Most of this information is provided to the Plan by the member's employer. Other information is collected directly from members. On occasion, the Plan may need to share some of this information with actuaries and other pension professionals. The Plan will take all necessary steps to protect the privacy of this information. By participating in the Plan, you are consenting to the plan's collection, use and disclosure of this personal information.