

R Request for Pension

Please print in dark (black or dark blue) ink

A Identification of member			
Family name of member		First name of member	
Social Insurance Number of member	Date of birth of member Day Month Year	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English
Home address (number, street, apartment, P.O. box, R.R., etc.)			
City		Province	Postal code
Telephone Area code	E-mail (optional) _____ @ _____		

B Information on last employment and your retirement date			
Last day of employment:	Day Month Year	Date of retirement:	Day Month Year
Name of last employer for whom you have worked: _____			
Do you intend to return to work in the prehospital sector in Quebec? <input type="checkbox"/> Yes <input type="checkbox"/> No			

C Marital status – On the retirement date entered in section B:	
1. Were you married? (if you are legally separated or have not received a judgement of divorce before the date of request, you are still married)	
<input type="checkbox"/> Yes (Please answer question 1.1)	1.1 Are you legally separated?
<input type="checkbox"/> No (Please go to question 2)	<input type="checkbox"/> Yes (Please attach a copy of the judgement and go to Section E) <input type="checkbox"/> No (Please identify your spouse in Section D)
2. Had you entered into a civil union with another person?	
<input type="checkbox"/> Yes (Please identify your spouse in Section D) <input type="checkbox"/> No (Please go to question 3)	
3. Had you lived with a common-law spouse for at least 3 years, or for at least one year if you and your common-law spouse are the parents of the same child?	
<input type="checkbox"/> Yes (Please identify your spouse in Section D) <input type="checkbox"/> No (Please go to Section E)	

D Identification of spouse (if applicable)	
Family name of spouse	First name of spouse
Date of birth of spouse Day Month Year	Gender <input type="checkbox"/> F <input type="checkbox"/> M

E Other required documents
<ul style="list-style-type: none"> • Official proof of your date of birth* • Official proof of the date of birth of the spouse identified in Section D (if applicable)* • Copy of the decree of judicial separation (if applicable)
<p>* Photocopies of drivers' licenses, health care insurance cards, passports and birth certificates delivered by the Registrar of civil status of Quebec are accepted.</p>

F Declaration of member

I hereby certify that the above information is correct and request that Aon Hewitt calculate the pension to which I am entitled. I understand that a false or incorrect declaration namely regarding my marital status may result in a major prejudice to the pension fund and that I or my successors may be prosecuted. I also understand that as a result of this Request for Pension, **I will no longer be a Plan member** even if I resume employment with another day care centre or employer who is a party to the Plan.

_____ Date

_____ Signature of member

G Employer's Statement (required if you have not stopped working)

As the employer of the member submitting this pension application, I certify that the member will end his/her employment before the date of retirement indicated in section B, and I ask Aon Hewitt to determine the pension that is payable. I understand that the first pension payment will take effect on the first day of the month following or coincident with the date of retirement. If the member should remain on the job past this date, he/she would receive pension benefits concurrently with his/her employment income and **would thus be in breach of the pension plan regulation**. To this end, **I warrant to notify Aon Hewitt** of any changes to the member's expected end of employment date.

_____ Date

_____ Employer no.

_____ Signature of employer #1

_____ Date

_____ Employer no.

_____ Signature of employer #2

H Notes

1. For the first pension payment to take effect on the first day of the month following or coincident with the date of retirement that you chose, the pension plan administrator must receive this completed form at least three months before the date of retirement.
For instance, in order to receive your first pension benefit on January 1, this form must be sent to us no later than October 1.
2. Make sure you have answered all the questions on this form. If you have not yet stopped working, have Section G signed by all your current employers. Send the form to us, along with the required documents (see Section E), to the address printed at the bottom. We will send you a statement of retirement options. Once you have made a choice from among the available options, we will issue the payment of your pension benefit starting from your retirement date, provided we have received your choice at least one month ahead of time.
For instance, if your retirement date is January 1, we need to receive your chosen options by December 1.
3. The first pension benefit payment will be based on an estimate of your entitlements according to the contributions sent by your employer at the time this application form is received. Three months after the start of your retirement, the pension plan administrator will adjust your pension to take into account all the contributions that you made, if applicable.
For example, if your retirement date is January 1, you will receive your first pension benefit on that date, but based on an estimated amount, and only if we have received all the required documents, duly completed, by December 1. On April 1, your pension will be adjusted based on the final amount.
4. You cannot choose a retirement date prior to the date that follows your end of employment date for all employers participating in the plan.
For instance, if you stopped working for employer A on February 15 and for employer B on March 29, you may take your retirement as of March 30. In such a case, your first pension benefit payment will take effect on April 1, provided that your application has been received by June 30.
5. You cannot choose a date of retirement that is more than three months prior to the date this application form is received by the pension plan administrator.
For instance, if we receive the form on September 15, your retirement date cannot be earlier than July 1.

**For additional information, please contact
Aon as follows:**

PLEASE SEND THIS FORM TO	QUESTIONS?
RRTAP	Client Contact Center:
PO Box 2220, Stn Don Mills	Phone: 1 866 874-4069 toll free
Toronto (Ontario) M3C 0M7	Fax: 514 845-0678
	Email: rrtap@aon.ca