

**Notice of Withdrawal
Group Pension Plan**

General Information

Plan Sponsor:		Plan Number:	
Member's Name		Certificate Number:	
Current Address:			
Street	City	Province	Postal Code
Contributions since last anniversary: Member - Required		Voluntary	Employer
\$		\$	\$
The final contributions were included on the payment remitted on:		Date:	
		(day)	(month) (year)
Signature of Employer:		Date:	
		(day)	(month) (year)

Please complete the **applicable** sections below.

Termination of Employment

Date of Termination of Employment:	(day) (month) (year)	Province of Employment:
Option chosen by member:		
<input type="checkbox"/> Cash (less any applicable Federal and Provincial taxes) <i>cash not available if funds are locked-in</i> Cheque will be mailed direct to Member unless indicated otherwise. <input type="checkbox"/> Mail cheque to Employer for delivery.		
<input type="checkbox"/> Leave funds on deposit until a later date or retirement.		
Transfer to (choose one option from below):		
<input type="checkbox"/> An individual RRSP with Equitable Life® (<i>attach a completed Transfer Form</i>)		
<input type="checkbox"/> A LIRA – (Locked-In Retirement Account) with Equitable Life® (<i>attach a completed Transfer Form</i>)		
<input type="checkbox"/> A LIF – (Life Income Fund) with Equitable Life® (<i>attach a completed Transfer Form</i>)		
<input type="checkbox"/> Another carrier (<i>attach a completed Transfer Form</i>)		
<input type="checkbox"/> Registered Pension Plan <input type="checkbox"/> RRSP <input type="checkbox"/> RRIF <input type="checkbox"/> LIRA <input type="checkbox"/> LIF (Life Income Fund)		
I understand that I have made a selection from the termination options listed above and no further information is required by me. I also understand and agree that locked-in funds being transferred will be administered in accordance with applicable legislation.		
<input type="checkbox"/> Please supply details of the amounts and options I am entitled to.		
Signature of Member:		Date:
		(day) (month) (year)

Retirement

Date of Retirement:	(day) (month) (year)	Retirement Payments to Commence:	(day) (month) (year)
Date of Birth of Member's Spouse:	(day) (month) (year)	Spouse's S.I.N. :	
Please include "Proof of Age" for both Member and Spouse (e.g. copy of Birth or Baptismal Certificate). (Spouse includes Common-law partner) Equitable Life® Annuities, Life Income Fund and Retirement Income Funds are available for your retirement income.			
<input type="checkbox"/> Please supply details of the amounts and options I am entitled to.			
Signature of Member:			Date:
			(day) (month) (year)

Death

Date of Death:	(day) (month) (year)	<i>Please include proof of death. (i.e. death certificate, funeral director's statement)</i>
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