



APPLICATION FOR MONTHLY PENSION BENEFIT

Freedom of Information and Protection of Privacy Act Personal information on this form is collected under clause 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (e.g., valuing pension benefits) some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of personal information, you may contact the Manager of Pension & Benefits at 902-368-4200.

Complete Sections 1 through 8 and sign at the bottom of Page 2

Section 1 – Member Information (PLEASE PRINT CLEARLY)

LAST NAME		FIRST NAME & INITIAL(S)	
GENDER	SOCIAL INSURANCE NUMBER:	DATE OF BIRTH (DD/MM/YY)	
PERSONAL EMAIL ADDRESS		HOME PHONE NO.	CELL PHONE NO.
MAILING ADDRESS			
CITY		PROVINCE	POSTAL CODE
RESIDENT ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
CITY		PROVINCE	POSTAL CODE

Section 2 – Retirement Date

Your pension benefit shall not begin any earlier than the first of the month in which your application is received by the Pension and Benefits office.

You've decided to retire on:	DD-MM-YYYY
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Section 3 – Declaration of Marital Status

In accordance with the Teachers' Pension Plan Act (TPPA) you must declare whether or not you have a spouse.

I have a spouse

- Legally married
- Common-law relationship
- Separated

I do not have a spouse

- Single
- Widowed
- Divorced
- Separated

If You Have A Spouse, Provide the Following Information:

SPOUSE'S LAST NAME		SPOUSE'S FIRST NAME & INITIAL(S)	
DATE OF BIRTH (DD/MM/YY)	EMAIL ADDRESS	PHONE NO.	
MAILING ADDRESS (if different than Plan Member)	CITY/TOWN	PROVINCE	POSTAL CODE

Section 4 – Direct Deposit Information

Your pension will be paid via direct deposit. Select one of the following:

I authorize the Pension Office to use my current Peoplesoft payroll deposit information for payment of my pension benefit.

OR

I have attached a void cheque or a direct deposit form from my financial institution.

Section 5 – Income Tax Credits

Income Tax Credits reduce the amount of tax withheld from your pension. Select one of the following:

I will reside in Canada and wish to claim the Basic Personal Amount for income tax credits.
No forms required.

I will reside in Canada and wish to claim **more** than the Basic Personal Amount for income tax credits.
A completed 'Federal Income Tax Credit Return Form (TD1)' and 'Provincial Personal Income Tax Credit Return Form' specific to your province of residence is required.

I will reside outside of Canada.
No forms required. Country of residence treaty will dictate the amount of income tax to be withheld.

Section 6 – Increase Tax Deductions by Withholding More Tax:

State the amount of additional tax you want to have deducted from each pension payment.

\$ _____ /month

Section 7 – In accordance with the Teachers' Pension Plan Act (TPPA) you must immediately notify the Pension & Benefits office if:

- Your address changes, or
- You accept employment which requires you to contribute to the TPP.

Please note - you should make arrangements to have someone notify the Pension & Benefits office at the time of your death.

Section 8 - I, the member, hereby make application for my pension benefit.

You can expect a confirmation email to come from peitpp@gov.pe.ca within 5 business days of when we receive your application. If you do not receive a confirmation, contact the Pension & Benefits office at (902) 368-4200 to avoid any loss of benefits. Where no email has been provided, you can expect a phone call.

Signature:

Date:



PRINCE EDWARD ISLAND

Teachers' Pension Plan

Phone: (902) 368-4200
Fax: (902) 620-3096
Email: peitpp@gov.pe.ca
www.peitpp.ca

Retirement Checklist

YOU MUST ...

Step 1: Notify your School Board office or HR Manager of your intent to retire

Step 2: Complete and submit to the Pension and Benefits office the **Application for Monthly Pension Benefits** package, which includes:

Application for Monthly Pension Benefits

Copy of **one** of the following as proof of age:

- Driver's License
- Birth Certificate
- Passport
- Voluntary ID

If not using your Peoplesoft banking information, include Void Cheque or Direct Deposit form

If claiming anything other than the default Basic Personal Amount, include completed Federal and Provincial TD1 forms

Retired Teachers' Association Membership Application Form (optional)

Your pension benefit cannot begin any earlier than the first of the month in which your application is received by the Pension and Benefits office.

Step 3: Contact Johnson Inc. about your eligibility for retirement Group Insurance Benefits

Pension & Benefits

Drop off: Sullivan Building, 3rd Floor
16 Fitzroy St.,
Charlottetown PE

Mail: PO Box 2000
Charlottetown PE
C1A 7N8

Fax: (902) 620-3096 **Email:** peitpp@gov.pe.ca

Johnson Inc.

Charlottetown area: (902) 628-3537

Toll free: 1 (800) 371-9516

Visit www.peitf.com to view your
Group Insurance booklet

P.E.I. Retired Teachers Association Application Form

Membership/Release of Information to the PEI Retired Teachers Association

First Name and Initial	Last Name
Date of Birth DD-MMM-YYYY	Gender
Mailing Address	
Phone Number	Personal Email Address

I hereby apply for membership in the Prince Edward Island Retired Teachers Association.

1. I authorize the Teachers' Pension Plan to deduct a **\$2.00** membership fee from each pension payment, until such time as I revoke this authority.
2. I hereby authorize the Teachers' Pension Plan to release to the PEI Retired Teachers Association my name and current address.
3. The PEI Retired Teachers Association will use this information for the purpose of corresponding with me.
4. I hereby give permission to the Teachers' Pension Plan, that at the time of my death, they notify the PEI Retired Teachers Association of my passing. The PEI Retired Teachers Association will use this information for the purposes of recognition of teacher's service.

I authorize the release of the above-noted information to the PEI Retired Teachers' Association.

Signature: _____ Date: _____