



RETIREMENT PLANS

THE UNIVERSITY OF WESTERN ONTARIO PENSION PLAN
ELECTION OF OPTIONS FOR WITHDRAWAL OF VOLUNTARY FUNDS

ACADEMIC

ADMINISTRATIVE

SURNAME:	GIVEN NAME:
EMPLOYEE ID #:	DEPARTMENT:
	EXTENSION:

PLEASE SELECT AN OPTION:

IF ALL OF VOLUNTARY FUNDS, PLEASE INDICATE "ALL"

A lump sum payment with income tax withheld.
10% for funds less than \$5,000 withdrawn;
20% for funds over \$5,000 and less than \$15,000;
30% for funds over \$15,000;

\$ _____

A lump sum payment to be **TRANSFERRED** to your personal **LIRA or RRSP**. If you elect this option, please complete and return Record of Direct Transfer of a "Single Amount" (Form T2151). Should you have locked-in funds we require your RRSP administrator to complete and return our Transfer Agreement for these funds, as well.

\$ _____

Amounts will be adjusted to represent the pro-rata share of the voluntary account from investment funds in accordance with the investment mix of your accumulated voluntary account at the date of valuation and increased to provide interest from the date of valuation to the date of payment.

ALL SIGNED TRANSFER FORMS MUST BE RECEIVED PRIOR TO THE 25TH OF THE MONTH. THE DISBURSEMENT AMOUNT IS DETERMINED BY THE UNIT VALUE AT THE END OF THAT MONTH. FROM THE END OF THE MONTH, IT TAKES APPROXIMATELY 30 DAYS TO COMPLETE THE TRANSFER. THIS ELECTION IS IRREVOCABLE UNLESS WRITTEN INSTRUCTIONS ARE RECEIVED BY THE DEPARTMENT OF PENSIONS & BENEFITS BEFORE THE END OF THE MONTH. INTEREST IS APPLIED FOR THE 30 DAYS REQUIRED FOR THE TRANSFER PERIOD.

DECLARATION:

As a member of the UWO Pension Plan, I understand fully the tax implications which will be incurred upon transferring or cashing out all or part of my voluntary account and will not hold the University responsible, in anyway. I also have been advised there will be an administrative fee of \$100 for this withdrawal, which will be debited directly from the payment requested. It has been explained that the transfer of these monies will occur one month from the end of the month in which all required forms are received signed and completed.

DATE: _____ SIGNATURE: _____

FOR DIRECT DEPOSIT, PLEASE PROVIDE A VOIDED CHEQUE