

IUPAT Local 177 Pension Trust Fund

CRA Registration No. 0581397

Pensioner Returning to Covered Employment

If you first retired and took a Normal Retirement pension on or after age 63, and are currently younger than age 71, and return to Covered Employment for a Contributing Employer, you may choose **ONCE** to suspend your monthly pension benefits.

By completing this form, you are electing to suspend payment of your current monthly pension. Payment of your monthly pension will not recommence until you have ceased working in Covered Employment and you provide written direction to the Plan Administrator that you wish to once again receive a monthly pension. At that time, your pension will be recalculated to include the additional pension credits you earned after your pension was suspended.

NOTE: The Plan only permits pensioners to suspend their benefits once in order to earn additional pension. Once the pensioner recommences his or her pension, it cannot be suspended a second time in the future. **Therefore, consider carefully the decision to suspend benefits.**

Date

Signature of Pensioner

SIN

Signature of Witness

Please return this form, with your
original signature, by mail to:

Funds Administrative Service Inc.
10154 108 Street NW
Edmonton AB T5J 1L3

Phone: (780) 452-5161 Toll Free: 1-800-770-2998

Your personal information is being collected for the IUPAT Local 177 Pension Trust Fund and will be used for the purpose of administering the pension plan. Your personal information may be disclosed, now or in the future, to third parties such as our administrator, lawyers, auditors, consultants or actuaries, but only for the express purpose of administering the pension plan. The information is protected by the provisions of the Alberta Personal Information Protection Act. By completing and signing this form, you are consenting to the collection, use and disclosure of your personal information. If you have any questions regarding the collection, use or disclosure of information on this form, or if you would like a copy of the fund's Privacy Policy, contact the pension plan's Privacy Officer at 1-800-770-2998.

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Pensioner Leaving Covered Employment

If you previously elected to suspend payment of your monthly pension, you must complete this form before payment of your pension can recommence.

I hereby confirm that I finished working on _____ with

(employer) _____. I have attached a copy of my Record of Employment.

I hereby request that my pension benefits be reinstated effective immediately and my monthly pension be recalculated to include the additional hours of Covered Employment worked after my pension benefits were suspended. I acknowledge that once the payment of monthly pension payment recommences, I cannot re-apply to suspend payments again in the future.

Date

Signature of Pensioner

SIN

Signature of Witness

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