

APPLICATION FOR WITHDRAWAL OR TRANSFER

PLEASE RETURN TO:

**CSS PENSION PLAN
PO BOX 1850
SASKATOON, SASK. S7K 3S2**

**Phone: (306) 477-8500
Fax: (306) 244-1088
Email:css@csspen.com**

Provided that you are no longer working for any employer member of the Co-operative Superannuation Society (CSS) Pension Plan, you have the following options. Please read the following together with your latest annual statement.

I, _____ (Name of Employee) _____ (Social Insurance Number) hereby instruct the

CSS Pension Plan as follows. Check the appropriate box(es) .

<input type="checkbox"/> Option 1	I wish to leave all my pension funds in the Pension Plan until further notice.
<input type="checkbox"/> Option 2	I wish to withdraw all my non-locked-in pension funds (if any) in cash (subject to tax).
<input type="checkbox"/> Option 3	I wish to transfer all my non-locked-in pension funds (if any) to an RRSP/RRIF (see Note 2).
<input type="checkbox"/> Option 4	I wish to withdraw a specified amount of my non-locked-in pension funds (if any) in cash, and the balance to be transferred to an RRSP or RRIF, or vice-versa (see Note 2). CASH: \$_____ RRSP/RRIF: \$_____
<input type="checkbox"/> Option 5	I wish to transfer all my locked-in pension funds to a locked-in RRSP, LIRA, LIF or SK-PRRIF as permitted by pension legislation (see Note 2).
<input type="checkbox"/> Option 6	I wish to transfer part of my locked-in pension funds, in the amount of \$_____ to a LIF or SK-PRRIF as permitted by pension legislation (see Note 2). I wish to withdraw this amount from the: _____ Fund(s).

1. I certify that I have **not** accepted employment with **any** other co-operative or credit union that is a member of the CSS Pension Plan.
2. Where original repayment or transfer documents are not provided, CSS Pension Plan may proceed to process my repayment or transfer request upon receipt of photocopies or faxed copies of these documents.
3. Notwithstanding the best evidence rule, where photocopies or faxed copies are received by CSS Pension Plan they shall be binding on me as primary evidence and accepted by me as conclusive proof of their contents.

Signed _____ Date _____
(Employee Member)

Employee address _____
(Street/Box Number) (Town/City) (Province)

(Postal Code)

(Phone Number)

(Email)

If you are working with a financial advisor please provide his/her:

(Name)

(Telephone)

(Email)

NOTES:

1. If you select Option 1, you can exercise Option 2, 3, 4, 5 or 6 at a later date (provided you are not employed by an employer member at the time).
2. If you select Option 3, 4, 5 or 6, a Canada Revenue Agency T2151 form must be completed and returned. For option 5 or 6, you must also submit the CSS Pension Plan's Lock-In/Transfer Agreement. Forms for each province are available on the Plan's website at <http://www.csspen.com>.
3. The Pension Plan must receive the final pension contributions before a repayment/transfer can be processed.
4. The amount of your repayment/transfer will be based on the market value of your pension funds on the date of processing and may be greater or less than the amount(s) reported to you on your last Annual Statement.
5. Funds repaid / transferred will be forwarded by mail unless you arrange a courier at your expense.