

University of Victoria

Application for Pension Estimate

Pension Services
 Administrative Services Building Rm B278
 University of Victoria
 PO Box 1700 STN CSC
 Victoria BC V8W 2Y2

Telephone: 250-721-7030
 Email: pensions@uvic.ca

If you are considering retirement within the next 5 years and would like an estimate of your pension from the UVic Staff, Combination and/or Money Purchase Pension Plans, please complete and submit this form to Pension Services. Email is not a secure form of communication. Please do not email the form unless you password protect the attachment and phone us with the password.

SECTION 1 – Member Information		
Surname	Given Name(s)	Employee ID#: V00 _____
Mailing Address		Date of Birth: __ __ __ __ __ __ __ DD MM YYYY
		Telephone: (___) ___ - ____
		Email:

SECTION 2 – Spouse’s Information (if applicable)		
Surname	Given Name(s)	Date of Birth: __ __ __ __ __ __ __ DD MM YYYY
Employee ID# or Pension ID # (if your spouse is also a member of a UVic pension plan):		

SECTION 3 – Pension Estimate Dates		
Pension estimates are only done for Pension Start Dates that are within the next 5 years. If your Pension Start Date is within three months, we will include the forms required to make a benefit selection.	Last Day of Pay: __ __ __ __ __ __ __ DD MM YYYY	Pension Start Date: <u>01</u> __ __ __ __ __ DD MM YYYY
Please note: Pensions are paid on the first of each month. The earliest Pension Start Date is 1 st of month after your Last Day of Pay <u>AND</u> minimum of age 55. Your Last Day of Pay should, therefore, be as close as possible to the end of the month to avoid a gap between employment and pension income. Your last day of pay may be after your last day at work if you plan to use accrued vacation or other paid leave prior to your retirement date.		

SECTION 4 – Additional information relevant to your pension estimate
<p>Please check if any of the following situations apply to you, as they have a material impact on the information we provide. Please allow up to 4 weeks for the calculation to be completed.</p> <p>Do you have a former spouse who is entitled to a portion of your pension? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, submit a copy of your separation agreement or court order to Pension Services if not already on file)</p> <p>Do you have entitlements under more than one UVic pension plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select actual retirement <input type="checkbox"/> or estimate <input type="checkbox"/></p> <p>Where would you like the package sent? <input type="checkbox"/> Home address <input type="checkbox"/> My Department: _____</p>

SECTION 5 – Authorization by Member	
Signature of Member:	Date: __ __ __ __ __ __ __ DD/ MM / YYYY

This section is for internal use only	
Received:	Staff ___ Combination ___ Money Purchase ___
<u>Notes:</u>	Due: __ __ __ __ __ __ __ DD MM YYYY

The Plan document and applicable acts and regulations shall govern in the event of a question or dispute that may arise with the printed contents of this form.