University of Victoria

Application for Retirement Package

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

Telephone: (250) 721-7030
Fax: (250) 853-3854
Email: pensions@uvic.ca

If you are retiring within the next year, complete this form to receive an estimate of the pension benefits available to you from the UVic Combination and/or Money Purchase Pension Plans, and submit it to Pension Services.

SECTION 1 – Member Information		
Surname	Given Name(s)	Employee ID#: V00_____
Mailing Address		Date of Birth: _ _ _ _ _ _ _ _ DD MM YYYY
		Telephone: (_ _ _) _ _ _ - _ _ _ _
		Email (required) :

SECTION 2 – Spouse's Information (if applicable)		
Surname	Given Name(s)	Date of Birth: _ _ _ _ _ _ _ _ DD MM YYYY

SECTION 3 – Pension Estimate Dates		
Pension estimates are only done **for pension start dates that are within the next year**. 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**: 0 1 _ _ _ _ _ _ _ _ DD MM YYYY
Please note: Pensions are paid on the first of each month. The earliest pension start date is 1st of the month after your last day of pay **and** 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

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.

Do you have a former spouse who is entitled to a portion of your pension? ☐Yes ☐No
(If yes, submit a copy of your separation agreement or court order to Pension Services if not already on file)

Do you have entitlements under more than one UVic pension plan? ☐Yes ☐No

Where would you like the package sent? ☐Home address ☐Email

SECTION 5 – Authorization by Member	
Signature of Member:	Date: _ _ _ _ _ _ _ _ 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.