

Civil Service Superannuation Fund

APPLICATION FOR 'LIMITED MEMBER' PENSION BENEFITS

First Name and Initial		Last Name	
Social Insurance Number		Date of Birth <div style="text-align: center; color: gray;">DD-MMM-YYYY</div>	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address			
City	Province	Postal Code	
Home Phone Number		E-mail	

- A CSSF pension is payable no earlier than the date the member turns or would have turned 55.
- Your pension will be reduced by the lesser of:
 - a) the number of months between your pension start date and the member, vested former member, or pensioner's 60th birthday, and
 - b) the number of months between the member, vested former member, or pensioner's pensionable service to date of separation and 30 years.
- Your pension benefit cannot begin any earlier than the first of the month in which your application is received by the Pensions & Benefits office.

You've decided to access your pension on: _____ DD-MMM-YYYY _____

Declaration

- I understand that I am accessing a monthly pension benefit as a result of a relationship breakdown with a member of the CSSF and subsequent division of pension assets.
- I understand that, if at any time the monthly pension benefit is found to exceed the amount to which I am entitled, the amount in excess shall be a debt that I or my estate owe to the Government of Prince Edward Island.

I hereby make application for my pension benefit.

Signature of Applicant

Date
Turn Over to Continue...

Your application will not proceed until all of the following information has been received:

- completed [direct deposit form](#)
- completed [Federal Personal Income Tax Credits Return](#) (TD1)
- completed [Provincial Personal Income Tax Credits Return](#) (choose the form based on your [province of residence](#))
- copy of your birth certificate or driver's license as proof of age

Direct deposit payments occur on the 25th of each month (or the last business day prior if the 25th falls on a weekend or holiday). Normally, your first pension payment will be deposited the month after your pension start date.

This application and ALL supporting documents should be sent to the following address:

Pension and Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8
Fax: (902) 620-3096

Freedom of Information and Protection of Privacy Act

Personal information on this form is collected under Section 31(c) of the ***Freedom of Information and Protection of Privacy Act*** R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (e.g., valuing pension benefits) some information may be released subject to the provisions of the ***Freedom of Information and Protection of Privacy Act***. If you have any questions about this collection of personal information, you may contact the Manager of Pension & Benefits.

CIVIL SERVICE SUPERANNUATION FUND
Direct Deposit Form

PART A – APPLICANT INFORMATION:

SOCIAL INSURANCE NUMBER: _____

LAST NAME: _____

FIRST NAME & INITIAL: _____

I hereby authorize and request the Civil Service Superannuation Fund to electronically deposit my pension payroll cheque with the financial institution specified below.

Signature _____ Date DD-MMM-YYYY

PART B – BANK INFORMATION:

Please attach an unsigned cheque clearly marked “VOID” or have your bank provide a void cheque form indicating your institution, branch and account number.

Please Return this Form to:

Pensions & Benefits
P.O. Box 2000
Charlottetown, PE C1A 7N8