



PENSION TERMINATION OF EMPLOYMENT

Pension0003 Version 1.4 15March2005

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER (PLEASE PRINT)

SECTION A – EMPLOYER’S STATEMENT

MEMBER NAME LAST FIRST MIDDLE GENDER: F M

DATE OF BIRTH DAY / MONTH / YEAR POLICY NO. MEMBER NO.

DUE DATE FOR EMPLOYER’S LAST CONTRIBUTION DAY / MONTH / YEAR AMOUNT

DATE EMPLOYED DAY / MONTH / YEAR PLAN ENTRY DATE (Contribution Start date) DAY / MONTH / YEAR TERMINATION DATE DAY / MONTH / YEAR

NAME OF EMPLOYER

EMPLOYER’S SIGNATURE: DATE DAY / MONTH / YEAR

THIS SECTION IS TO BE COMPLETED BY THE MEMBER (PLEASE PRINT)

SECTION B – MEMBER’S STATEMENT

MAILING ADDRESS:

PHONE: (HOME) (WORK) (CELL) EMAIL:

TERMINATION OF EMPLOYMENT OPTIONS:

I hereby declare that I terminated my employment with the above named employer on DAY / MONTH / YEAR and I have elected the following option(s):

- a) A paid-up deferred annuity policy to start at my Normal Retirement Age, to be purchased with my account balance (including vested Employer contributions to date plus interest)
b) A transfer of my account balance into a Flex Account Retirement Policy
c) A transfer of my account balance to my new Employer’s group pension plan
d) A return of my non-vested account balance &/or pre-money (if permitted under the policy)
e) Other

The termination will be processed after receiving the completed and signed Termination of Employment Form and the last contribution due.

MEMBER’S SIGNATURE: DATE DAY / MONTH / YEAR

SECTION C - THIS SECTION IS TO BE COMPLETED BY THE INSURANCE COMPANY

PROCESSED BY: DATE: VERIFIED BY: DATE: