



BF&M PENSION – TERMINATION OF EMPLOYMENT FORM

Version1

SECTION A – TO BE COMPLETED BY THE EMPLOYER (PLEASE PRINT OR TYPE)

Member Name: _____ Gender: F M
Last First Middle

Date of Birth: _____ Policy No: _____ Member No: _____ SIN: _____
Day/Month/Year

Last pay period for deduction of contributions: _____ Expected remittance date/amount: _____ / \$
Month/Year Day/Month/Year

Date Employed: _____ Plan Entry Date: _____ Termination Date: _____
Day/Month/Year (Contribution Start Date) Day/Month/Year Day/Month/Year

Employer Name: _____

Employer Signature: _____ Date: _____
Day/Month/Year

SECTION B – TO BE COMPLETED BY THE MEMBER (PLEASE PRINT OR TYPE)

SECTION B: MEMBER INFORMATION

Mailing address: _____

Phone: _____ (H) _____ (W) _____ (C) E-mail: _____

OPTIONS UPON TERMINATION OF EMPLOYMENT:

I hereby declare that I terminated my employment with the above-named employer on _____.
Day/Month/Year

I have elected the following option(s):

- a) A paid-up deferred annuity policy to start the 1st of the month following my Normal Retirement Age, to be purchased with my vested account balance.....
- b) A transfer of my account balance into a Prescribed Retirement Product.....
- c) A transfer of my account balance to my new Employer's group pension plan.....
Name of New Employer: _____
Administrator of Employer's Plan: _____ Policy No: _____
- d) A return of my NON-VESTED account balance, voluntary and/or pre-money (if permitted by policy).....
- e) Other (please provide separate instruction where permitted under the policy).....

Currency: Please select the currency for the payment of your termination benefit: BD\$ US\$ Other

(Any costs associated with the fx conversion will be deducted from the termination benefit to be paid.)

- NOTES:**
- 1) The termination will be processed after receiving the completed and signed Termination of Employment Form and the last contribution due, as identified in the Employer Section above.
 - 2) If no option is elected by the Member, the vested balance of the Member's account, including any voluntary contributions, will be transferred into a Prescribed Retirement Product in the member's name and invested in the guaranteed profile.

Member signature: _____ Date (dd/mm/yyyy): _____

SECTION C – TO BE COMPLETED BY BF&M

Processed by:		Date:		Verified by:		Date:	
---------------	--	-------	--	--------------	--	-------	--