



CANADIAN CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND

3350 East Paris Avenue SE
Grand Rapids, MI 49512-3054

APPLICATION FOR RETIREMENT BENEFITS
(Termination of Employment On or After September 1, 1992)

Name: _____ Birthdate _____

Address: _____ Soc. Ins. No.: _____

City: _____ Date benefits begin: _____

Province _____ Postal Code: _____ Last day employed at
CSI member school: _____

I have pension credits with the CSI US Christian School Pension Plan. ____ Yes ____ No

I hereby apply for retirement benefits under the Plan as freely chosen and as indicated by me on this application. I certify that I am eligible for these benefits and acknowledge that my retirement benefit will be suspended during any period of employment in a CSI member school that participates in the pension plan, if my earnings during any plan year exceed 35% of the Year's Maximum Pensionable Earnings (25% in Manitoba).

EMPLOYEE SIGNATURE: _____ Date: _____

CHOOSE ONE OF THE FOLLOWING NORMAL OR OPTIONAL RETIREMENT BENEFITS:

NORMAL BENEFITS

- o **60% SURVIVING SPOUSE BENEFIT:** If you have a spouse at the time you retire, your retirement benefits will be paid to you under the 60% Surviving Spouse Annuity option, unless you elect otherwise. Sixty percent of your benefit will be continued to your surviving spouse after your death. If you wish to receive the 60% (66 2/3% in Manitoba) Surviving Spouse Benefit, please confirm by checking and signing below.

____ I have a spouse and elect retirement benefits under the 60% Surviving Spouse option.

Spouse Name: _____ Spouse Soc.Ins.No. _____

Address: _____ Spouse Birthdate: _____

City: _____ Prov.: ____ Postal Code: _____

- o **LIFE, GUARANTEED TEN (10) YEARS BENEFIT:** If you do not have a spouse at the time you retire, you will receive retirement benefits on the Life, Guaranteed 10-Years basis unless you elect otherwise. If you wish to receive the Life, Guaranteed 10-Years Benefit option, please confirm by checking and signing below.

____ I do not have a spouse and elect retirement benefits on the Life, Guaranteed 10-Years basis.

(If electing an Optional Benefit, see other side)

TO ELECT AN OPTIONAL BENEFIT, COMPLETE THE WAIVER OF NORMAL BENEFIT SECTION.

WAIVER OF NORMAL BENEFIT

I elect not to receive my normal benefit as shown on reverse side.

Employee Signature: _____ Date: _____

NOTE: If you have a spouse, your spouse must also consent to your decision not to elect the 60% Surviving Spouse Benefit Option. Please confirm below in the presence of a Plan representative or non-related witness.

_____ As the spouse of the above signed employee, I consent to the election not to receive the 60% Surviving Spouse Benefit option. I further consent to the retirement benefit elected on this application.

Spouse Signature: _____ Date: _____

Signed before me this ____ day of _____, 20 ____.

Signature of Non-Related Witness: _____

OPTIONAL BENEFITS -- Choose One

- o **SURVIVING SPOUSE/CONTINGENT ANNUITY BENEFITS:** Whether or not you have a spouse, you may choose the option of a Contingent Annuity Benefit. Your contingent beneficiary may be your spouse or any other person. If you die before your contingent beneficiary, he/she will begin to receive benefits at 50%, 60%, 66 2/3% (Manitoba), 75% or 100% of your benefit. Your monthly benefit will be actuarially reduced based on the percentage chosen and the age of the contingent annuitant.

_____ I elect retirement benefits under the Surviving Spouse/Contingent Annuity option at the rate specified below:

_____ 50% _____ 60% _____ 66 2/3% _____ 75% _____ 100%

_____ 50% pop-up _____ 60% pop-up _____ 66 2/3% pop up _____ 75% pop-up _____ 100% pop-up

Contingent

Beneficiary Name: _____ Relationship: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Birthdate: _____ Social Insurance Number: _____

- o **LIFE ONLY, LIFE GUARANTEED BENEFITS:** Whether or not you have a spouse, you may choose the option of a Life Only or Life,Guaranteed Five (5), Ten (10), or Fifteen (15) Year Benefit. Pension benefits are paid for your lifetime. However, should you die before receiving either 5, 10, or 15 years of pension benefit payments, the payments shall be continued to your beneficiary until a 5, 10 or 15 years of monthly payments have been made.

_____ I elect retirement benefits under the Life Only, Life Guaranteed Option for the period specified below.

_____ Life Only _____ 5 years _____ 10 years _____ 15 Years

NOTE: THIS FORM IS VOID IF ALTERED