

APPLICATION FOR RETIREMENT BENEFITS

Name: _____

Soc. Ins. No.: _____ Birthdate: _____
(mm/dd/yyyy)

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Last day employed in Participating School: _____ Date benefits begin: _____
(mm/dd/yyyy) (mm/dd/yyyy)

I have pension credits with the US Christian Schools 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. I have received a copy of the Plan's provisions regarding Suspension of Benefits as they apply to possible reemployment by any Christian education organization that participates in the Plan. I have completed and submitted the accompanying Retiree Future Employment Acknowledgement Document.

NOTE: Properly completed applications must be received by the first of the month in which benefit payments are to begin.

EMPLOYEE SIGNATURE: _____ **Date:** _____
(mm/dd/yyyy)

CHOOSE ONE OF THE FOLLOWING: *NORMAL OR OPTIONAL* RETIREMENT BENEFITS:

NORMAL BENEFITS – Choose one (or go to next page for *Optional Benefits*)

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% 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: _____
(mm/dd/yyyy)

City: _____ Province: _____ Postal Code: _____

LIFE, NO GUARANTEE BENEFIT: If you do not have a spouse at the time you retire, you will receive retirement benefits based on the Life Only, No Guarantee basis unless you elect otherwise. If you wish to receive the Life Only, No Guaranteed Benefit option, please confirm by checking and signing below.

I do not have a spouse and elect retirement benefits on the Life Only, No Guarantee

basis. **(If electing an Optional Benefit, see next page)**

**TO ELECT AN OPTIONAL BENEFIT, COMPLETE THE WAIVER OF NORMAL BENEFIT SECTION
AND CHOOSE ONE OF THE FORMS OF PAYMENT LISTED BELOW.**

WAIVER OF NORMAL BENEFIT

I elect not to receive my normal benefit as shown on page 1.

Employee Signature: _____ Date: _____
(mm/dd/yyyy)

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: _____
(mm/dd/yyyy)

Signature of Non-Related Witness: _____

Signed before me this date: _____
(mm/dd/yyyy)

OPTIONAL BENEFITS If you did not elect the *Normal Benefit* on previous page, choose one option below and complete *Waiver* above.

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, former spouse or dependent" (as dependent defined in the Income Tax Act) as of the date of your death. If you die before your contingent beneficiary, he/she will begin to receive benefits at 50%, 60%, 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 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: _____ Province: _____ Postal Code: _____

Birthdate: _____ Social Insurance Number: _____
(mm/dd/yyyy)

LIFE ONLY, LIFE GUARANTEED BENEFITS: Whether or not you have a spouse, you may choose the option of a Life Only No Guarantee, 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:

Life Only, No Guaranteed	5 years	10 years	15 Years
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NOTE: IF ALTERED CHANGES MUST BE INITIALED.