

## APPLICATION TO SUSPEND PENSION

*Please Print Clearly*

**Plan Name** TEAMSTERS PRAIRIE PROVINCES PENSION PLAN

**Member Name** \_\_\_\_\_  
Last First

**SIN** \_\_\_\_\_

- ◆ I, \_\_\_\_\_, a participant of the Teamsters Prairie Provinces Pension Plan, request that my pension currently in payment be suspended effective \_\_\_\_\_, which is the next calendar month following the date this signed application is received by Prairie Teamsters Administration Services.
- ◆ I understand that the minimum period of suspension is one calendar month.
- ◆ I also understand that in order for my pension to re-commence, I must file a written application with Prairie Teamsters Administration Services. This application must be made prior to one month before the pension re-commencement date. In no event will the recommencement of pension payments be postponed beyond the end of the calendar year in which I reach 71 years of age.
- ◆ The pension suspension period commences on the first day of the month following the written application for pension suspension, and ceases on the last day of the month prior to the pension re-commencement date.
- ◆ I understand that I may earn additional pension benefits based on contributions received by the Plan in respect of the pension suspension period.
- ◆ Upon subsequent re-commencement of my pension, my total pension will be recalculated in accordance with applicable pension legislation and on the same form as the original pension election.

\_\_\_\_\_  
**MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE** day/mo/yr

\_\_\_\_\_  
**NAME OF WITNESS**

\_\_\_\_\_  
**WITNESS SIGNATURE**

\_\_\_\_\_  
**DATE** day/mo/yr