



Public Employees Pension Plan
110 - 1801 Hamilton Street
REGINA SK S4P 4W3
(CRA Registration No. 0578179)

December 13, 2022

Plan: Variable Pension Plan (VPB)

ONORIA MURSAL
86 JOYCE CRESCENT
REGINA SK S4N 5G3

Dear ONORIA MURSAL

The Public Employees Pension Plan (PEPP) has received notice of the death of John Abraham. Please accept our sincere condolences.

As spouse you are the beneficiary. This package of information outlines your options for the Variable Pension Benefit (VPB) account in John Abraham's name.

We have enclosed a VPB application for you to complete if you would like to continue the account and set up payments in your own name. Other than the simplicity of continuing the account, some of the key advantages are:

- lower fees than most retail retirement savings products;
- eight investment funds (aggressive to conservative) and ability to transfer among them;
- ability to transfer outside eligible registered assets into the account to consolidate and simplify;
- online tools – PLANet provides you with account information and Retire@Ease helps you plan your withdrawals to make your money last. Both are available 24 hours a day, seven days a week.
- annual pension statements showing transactions and projections on your account; and
- access to our workshop called ENJOY. This workshop deals with financial wellness through retirement, estate planning and taxes.

You may also:

- transfer all or a portion of the account to another registered retirement account;
- purchase an annuity; or
- take a full lump-sum payout less withholding tax

We've enclosed a VPB Statement on death for John Abraham's account. Please review the statement and provide:

1. a certified true copy of the official Death Certificate issued by Vital Statistics or the funeral director's Statement of Death, or the original document;
2. a completed *VPB-Spousal options on death* form (enclosed) within 90 days of receipt of this letter;
3. a completed *Declaration upon member's death* form (enclosed)
4. the completed *Variable Pension Benefit Application* form (enclosed) if you are choosing to continue the account in your own name.



Phone: 306-787-5442 Fax: 306-787-0244
Toll Free: 1-877-275-7377



pepp@peba.gov.sk.ca



pepp.peba.ca



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We realize this is a difficult time to be making complicated decisions. To help make it easier, please contact us and set up a free appointment to have a conversation about your options. We have CERTIFIED FINANCIAL PLANNER® professionals on staff to help you make the decision that is right for you.

Sincerely

PEPP Administration



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VPB Statement on death of John Abraham

as of December 13, 2022

Date of birth January 1, 1966
Date of death November 30, 2022
Relationship status Married
Spouse's name Onoria Mursal
VPB start date March 8, 2016

Until you inform us of your decision, the account will remain invested in the same fund as it is currently and will continue to be valued based on the market value.

Variable Pension Benefit (VPB) account	Total
Opening balance at January 1, 2022	\$25,656.54
Contributions/transfers in	\$0.00
Withdrawals/transfers out	\$0.00
Earnings	-\$1,513.49
Closing balance at December 12, 2022	\$24,143.05
Amount subject to locking-in requirements (SK)	\$24,143.05

Investment summary as at December 12, 2022			
	Balance (units)*	Unit value*	Total
PEPP Step 6	110.027453	219.427491	\$24,143.05
Total			\$24,143.05



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VPB Spousal options on death of John Natana Abraham:

as at December 13, 2022

Onoria Mursal
86 JOYCE CRESCENT
REGINA SK S4N 5G3

Please let us know what you decide by completing this form and returning it to PEPP by December 31, 2022. If you are unsure which option to choose, please call in and have a conversation with one of our CERTIFIED FINANCIAL PLANNER® professionals. There is no charge for this service.

You may choose one option or a combination of options:

I choose to leave the money with PEPP

- ☐ Transfer the money into a VPB account in my name. I have completed the VPB application.
- ☐ Please contact me at _____. I need more information.
- ☐ Leave the account invested in the estate of John Abraham for now. *This is the default option, until we receive your instructions.* If you require an interim payment please contact us.

I choose to receive a full cash payment (less withholding tax)

- ☐ Please send me the entire account balance.

I choose to transfer all or a portion of the balance out of PEPP and into one or more of the following options:

- ☐ an annuity from the Saskatchewan Pension Annuity Fund. Please send me an application.
- ☐ an annuity* from an outside annuity provider.
- ☐ another registered retirement account* .

*A Canada Revenue Agency T2151 form completed by your financial institution is required to initiate this transaction. The form is available from your financial institution or PEPP.



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Declaration

By signing below I acknowledge that:

- I have read and understand the options available to me and understand the choices I have made on this application;
- it is my responsibility to seek the appropriate financial counselling in making my decision;
- if the account remains in PEPP and I do not choose another investment choice, the account balance will continue to be invested according to the investment choice on file with PEPP; and
- the information provided on this form is accurate and correct as of the date of my signature.

I authorize PEPP to act on the option(s) I selected.

Signature of Onoria Mursal
(electronic signatures will not be accepted)

Date (Day/month/year)

Member Name: John Natana Abraham

In order to receive a cash payment of any kind your Social Insurance Number is required for income tax reporting.

SIN _____

To be completed by PEPP Administration

Entered onto system _____ on _____
Date (Day/month/year)





VPB Declaration upon member's death

This declaration is to be completed upon the death of a member of the Public Employees Pension Plan by that member's beneficiary. This form is designed based on Saskatchewan legislation.

This form must be witnessed by a Notary Public or Commissioner for Oaths in and for Saskatchewan. If you reside outside Saskatchewan or Canada, please contact PEPP to determine a suitable witness.

SECTION A: DECEASED MEMBER'S INFORMATION (Please print)

PEPP Member Number	Last Name	First Name and Initial
Social Insurance Number		Date of Death (day/month/year)

SECTION B: DECLARANT'S INFORMATION

Last Name	First Name and Initial	Birthdate (day/month/year)		
Mailing Address	City	Province	Postal Code	Phone
Social Insurance Number of Declarant				

SECTION C: DECLARATION

I, _____ of _____
Name of Declarant (City/Town/Village)

In the province of _____, country of _____,

DO SOLEMNLY DECLARE that:

- ☐ I am the legal spouse of the deceased member;
- ☐ I am the common-law spouse of the deceased member and the deceased member was not legally married; I am the personal representative of the deceased member for the purpose of administering the estate and that, to the best of my knowledge and belief:
- a) the deceased member made no designation of a beneficiary of the death benefit from the Public Employees Pension Plan; and
- b) the deceased member was not married and had no common-law spouse at the time of death or within 90 days prior to the time of death;
- ☐ I am the person designated by the deceased member as beneficiary of the death benefit from the Public Employees Pension Plan and that, to the best of my knowledge and belief:
- a) the deceased member made no other beneficiary designation subsequent to the one in which I was named; and
- b) the deceased member was not married and had no common-law spouse at the time of death or within 90 days prior to the time of death.

Turn to reverse for signature box



SECTION D: (VPB) DECLARATION on death of John Natana Abraham

I make this Solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

 Signature (electronic signatures will not be accepted) of Declarant

Declared before me at the city/town/village of _____ in the province
 of _____, country of _____ this _____ day of
 _____, 20_____.

 Signature of Notary Public / Justice of the Peace /
 Commissioner for Oaths in and for Saskatchewan

 Print Name
 Phone Number _____

 Date Signed (day/month/year)

Stamp area

