<DATE>

Plan: Public Employees Pension Plan

<SPOUSE>

<address line 1>

<address line 2 if required>

<address line 3 if required>

<city> <province> <postal code>

<country>

Dear <SPOUSE>

**<P1>**

The Public Employees Pension Plan (PEPP) has received notice of the death of <MMB\_NAME>. Please accept our sincere condolences. As spouse you are the beneficiary.

**</P1>**

**<P2>**

If you wish to leave the account balance with PEPP, you will be entitled to all of the services associated with the Plan. Some of the key advantages of PEPP are:

* lower fees than most retail retirement savings products;
* eight investment funds (aggressive to conservative) and ability to transfer among them;
* the Variable Pension Benefit (VPB)\* – our most popular retirement income choice;
* the option to transfer outside eligible registered assets into PEPP to consolidate and simplify; and
* online tools – PLANet provides you with account information and Retire@Ease is PEPP’s online retirement planning tool. Both are available 24 hours a day, seven days a week.

**</P2>**

**<P3>**

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* lower fees than most retail retirement savings products;
* eight investment funds (aggressive to conservative) and ability to transfer among them;
* the option to transfer outside eligible registered assets into PEPP to consolidate and simplify; and
* online tools – PLANet provides you with account information and Retire@Ease is PEPP’s online retirement planning tool. Both are available 24 hours a day, seven days a week.

**</P3>**

**<P4>**

We’ve enclosed a statement of <MMB\_FN> account. Please review it and provide:

1. a completed *Spousal* *options on death* form (enclosed) within 90 days of receipt of this letter;
2. 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;>
3. a certified copy of your marriage certificate;>
4. a certified copy of your birth certificate or proof of age; >
5. a completed *Declaration upon member’s death* form (enclosed).

**</P4>**

**<P5>**

Please contact us and make an 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

**</P5>**

**<P6>**

\*The Variable Pension Benefit may not be available in some jurisdictions outside Saskatchewan. See “Working Beyond Saskatchewan” on our website for details.

**</P6>**

**Statement on death of <MMB\_FN>**

**as of <DATE>**

**<P1>**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth | <DOB> | Date of employment | | <EMP\_DATE> | |
| Date of death | <DT\_DATE> | PEPP enrolment date | | <MEM\_DATE> | |
| Relationship status | <MARITAL\_ST> | Vesting status | | Vested | |
| Spouse’s name | <SPOUSE\_NM> | | | | |
| Beneficiary(ies) |  | | | | |
| <BEN1> | | | <BEN\_REL1> | | <BEN\_PERC1> |
| <BEN2> | | | <BEN\_REL2> | | <BEN\_PERC2> |

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PEPP account balance as of<VAL\_DATE >** | | | | |
|  | **Member** | **Employer** | **Voluntary** | **Total** |
| Opening balance at <STMNT\_DT> | <OP\_BAL\_EE> | <OP\_BAL\_ER> | <OP\_BAL\_VOL> | <OP\_BAL\_TOT> |
| Contributions/transfers in | <TR\_IN\_EE > | <TR\_IN\_ER > | <TR\_IN\_VOL > | <TR\_IN\_TOT > |
| Withdrawals/transfers out | <TR\_OUT\_EE > | <TR\_OUT\_ER > | <TR\_OUT\_VOL > | <TR\_OUT\_TOT > |
| Earnings | <ERN\_EE > | <ERN\_ER > | <ERN\_VOL > | <ERN\_TOT > |
| Closing balance at <VAL\_DATE> | <COL\_BAL\_EE> | <COL\_BAL\_ER> | <COL\_BAL\_VOL> | <COL\_BAL\_TOT> |
| Amount subject to locking-in requirements (SK) | <LK\_IN\_EE \_SK> | <LC\_IN\_ER\_SK > | <LC\_IN\_VOL\_SK > | <LK\_IN\_TOT\_SK > |
| Amount subject to locking-in requirements (<PR>) | <LK\_IN\_EE \_PR> | <LC\_IN\_ER\_PR > | <LC\_IN\_VOL\_PR > | <LK\_IN\_TOT\_PR > |

|  |  |  |  |
| --- | --- | --- | --- |
| **Investment summary as at <VAL\_DATE >** | | |  |
|  | **Balance (units)\*** | **Unit value\*** | **Total** |
| <FN\_NAME1> | <UNITS1> | <UNIT\_VL1 > | <FND\_VL1 > |
| <FN\_NAME2> | <UNITS2> | <UNIT\_VL2> | <FND\_VL2> |
| <FN\_NAME3> | <UNITS3> | <UNIT\_VL3> | <FND\_VL3> |
| Total |  |  | <TOT\_VL> |

**</P1>**

**<P2>**

PEPP is governed by Saskatchewan legislation. Our records indicate a portion of the locked-in money is governed by another province’s legislation. For further details see the PEPP*Talk* on *Working Beyond Saskatchewan* on our website.

**</P2>**

**Spousal options on death of <MMB\_FN>:**

as at <DATE>

<SP\_NM>

<SP\_NM\_address line 1>

<SP\_NM\_address line 2>

<SP\_NM\_address line 3 >

<SP\_NM\_city> <SP\_NM\_province> <SP\_NM\_postal code>

<SP\_NM\_country>

**<P1>**

Please let us know what you decide by completing this form and returning it to PEPP by <RTRN\_DT>. You may choose one option or a combination of options:

|  |  |  |
| --- | --- | --- |
| **Jurisdiction** | **Value** |  |
| <JURISDICTION> | <JRSDCTN\_AMNT> | Locked in |
| <JURISDICTION2> | <JRSDCTN\_AMNT2> | Locked in |
| <JURISDICTION3> | <JRSDCTN\_AMNT3> | Locked in |
| Voluntary Contributions | <VOL\_AMNT> | Non-locked in |

**</P1>**

**<P2>**

**I choose to remain with the Plan**

* Leave the account invested as is for now. *This is the default option, should you choose not to respond.*
* <Send me an application to transfer the account balance to the PEPP Variable Pension Benefit (VPB) >
* <I am a PEPP member, consolidate this account into my account. I understand the amount is considered a voluntary contribution and is not accessible until I terminate or retire.>

🞏 Please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I need more information.

**</P2>**

**<P3>**

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

* Please send me the entire account balance*.*
* Please send me $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_after tax*.*

**</P3>**

**<P4>**

**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
* <a Registered Retirement Savings Plan (RRSP)\*>
* <a prescribed Registered Retirement Income Fund (pRRIF)\*>
* a Locked-in Retirement Account (LIRA)\*/Locked-in Registered Retirement Savings Plan (RRSP)\*
* a Registered Pension Plan\*
* <a Life Income Fund (LIF)\* or Locked-in Retirement Income Fund (LRIF)\* (for provinces outside Saskatchewan)>
* a non-locked in Registered Retirement Income Fund (RRIF)\* (non locked-in money only)

\*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.

**</P4>**

**<P5>**

**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 <SP\_NAM> Date (Day/month/year)

Member Name: <NM\_FULL>

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) |

**</P5>**

**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:   1. the deceased member made no designation of a beneficiary of the death benefit from the Public   Employees Pension Plan; and   1. 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:   1. the deceased member made no other beneficiary designation subsequent to the one in which I was named; and 2. 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: DECALARATION on death of <FULL\_NM>** | | | | | | | | | | |
| **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 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** | | | | |  |
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