



# APPLICATION FOR LIFE ANNUITY

## SECTION A: Member Information

Member ID/Social Insurance Number	Surname	First Name and Initial	Date of Birth <small>Day   Month   Year</small>			Gender <small>Male   Female</small>
Street Address		City or Town	Province	Postal Code	Phone Number	
Marital Status <small>Single   Married   Common-law</small>	Name of Spouse (if applicable)	Spouse's Social Insurance Number		Spouse's Date of Birth (if applicable) <small>Day   Month   Year</small>		

## SECTION B: Life Annuity Options

<b>I choose the following type of life annuity:</b>	<b>Minimum Payment Period</b>			
	<b>0</b>	<b>5 years</b>	<b>10 years</b>	<b>15 years</b>
<b>Single Life Annuity</b> – provides lifetime income for member only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Joint &amp; Survivor Life Annuity</b> – provides lifetime income to member <b>and</b> surviving spouse.				
<b>100%</b> survivor benefit to spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>75%</b> survivor benefit to spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>66 2/3%</b> lifetime survivor benefit to spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>60%</b> lifetime survivor benefit to spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION C: Revocable Beneficiary

(Cannot be your spouse if a Joint & Survivor Life Annuity is chosen)

Full Name of Beneficiary(ies) (attach a separate sheet if required)	<input type="checkbox"/> or Estate
Address	

## SECTION D: Direct Deposit Information

(or attach a void cheque containing the applicable account information)

Name of Bank/Financial Institution	Account Number
Address	

**I hereby apply for a life annuity from the Capital Pension Plan Retirement Annuity Fund based on the options I have chosen above. I understand that once established, the terms and conditions of my life annuity cannot be altered.**

I request that my monthly annuity payments commence at the end of \_\_\_\_\_ 20\_\_\_\_\_.  
(month) (year)

**IN WITNESS WHEREOF, I sign this application at** \_\_\_\_\_ **this** \_\_\_\_\_ **day of** \_\_\_\_\_  
(city/town/village, province) (day)

\_\_\_\_\_, 20\_\_\_\_\_, **in the presence of** \_\_\_\_\_  
(month) (year) (print name of witness)

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Address

**The following information must accompany this form:**

- Declaration of Marital Status
- Certified copy of Member's Birth Certificate
- Certified copy of Spouse's Birth Certificate (if applicable)
- Spouse's Waiver of 60% Post-Retirement Survivor Benefit (if applicable)
- Canada Customs and Revenue Agency TD1 form
- Provincial TD 1 form

<b>For Office Use Only</b>	Date Received	Employer Code	Amount \$	Commencement Date	<b>LA</b>
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