



TERMINATION FROM ACTIVE MEMBERSHIP

- EMPLOYER to complete ALL Sections of this form.
- Upon completion, this form is to be mailed or faxed by the EMPLOYER to: Capital Pension & Benefits Administration
1170 - 1801 Hamilton Street, Regina, SK S4P 4B4 Tel: 1-866-961-4377 (toll-free) or (306) 787-5918 Fax: (306) 787-5798

SECTION A: EMPLOYEE INFORMATION

Member ID/Social Insurance Number	Surname	First Name and Initial
Mailing Address		Phone Number

SECTION B: EMPLOYMENT INFORMATION

Employment Start Date _____ Date of Termination from Active Membership _____
Day / Month / Year Day / Month / Year

Is this employee Non-Vested or Vested? (check one) NON-VESTED VESTED

Reason for Termination of this member from Active Membership in the Plan at this time (check appropriate reason below)

Employee now with another company or division which, for the purpose of this plan, is considered a continuation of service Death Other (describe at bottom of page)

Termination of employment - including Retirement
 ♦ Provide employee with the "TERMINATION OF EMPLOYMENT" publication

A final contribution will be submitted to the Plan for the pay period ending: _____
Day / Month / Year

SECTION C: DEATH BENEFITS (Complete only if termination is due to employee's death.)

Name, address and telephone number of Executor or Estate contact Person

SECTION D: EMPLOYER INFORMATION & AUTHORIZATION

Employer Name	Division Number
Province of Employment: <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Other (please specify) _____ <small>(e.g. British Columbia, Alberta, Ontario, etc.)</small>	
The following version of the "EQUITY OPTIONS" publication has been provided to this employee (check one)	
<input type="checkbox"/> Not Applicable at this time	
<input type="checkbox"/> EQUITY OPTIONS for <u>NON-VESTED</u> MEMBERS	<input type="checkbox"/> EQUITY OPTIONS for VESTED MEMBERS
Printed name and Signature of Authorized Employer Representative	Telephone No.
	Date <small>Day / Month / Year</small>

