



VARIABLE BENEFIT (SK) REQUEST FOR LUMP SUM WITHDRAWAL

Privacy Policy: Information collected by the Capital Pension Plan shall only be used and disclosed for the provision of benefits available from the Plan and compliance with applicable legislation. By completing this form you are providing your consent to use this information for the above stated purposes.

Member Information

(to be completed in all cases)

Member ID/SIN	Surname	First Name and Initial	Date of Birth	
			Day	Month
			Year	
Mailing Address			Telephone Number	

Request for Lump Sum Withdrawal

I wish to withdraw \$ _____, before taxes*.

Please Note: You can make **one** lump sum withdrawal per calendar year free of charge. A fee of **\$75.00** will be charged for each additional lump sum withdrawal requested during the same calendar year.

If you are invested in both the Diversified Fund and the Pre-Retirement Fund, you may choose to deduct your withdrawal:

- proportionately from both Funds (default option if no selection is made); or
- from the Diversified Fund exclusively; or
- from the Pre-Retirement Fund exclusively

*Taxes will be withheld from lump sum withdrawals based on the rates below. Your total tax liability will be determined when you prepare your tax return and will be based on your income from all sources and may be higher than the amounts withheld.

\$0 to \$5,000	10%
\$5,001 to \$15,000	20%
\$15,001 and over	30%

Forms received by 5:00 pm CST on Friday will be processed based on the next declared unit values. Unit values are declared weekly and at December 31st and are based on values at market close on the last business day for the period.

Member Authorization

(to be completed in all cases)

I understand that:

- the Variable Benefit provides **NO GUARANTEE** of income; and
- when the funds in my Variable Benefit account are gone, all payments and withdrawals will stop; and
- it is **MY RESPONSIBILITY** to manage my Variable Benefit account to ensure my funds provide income for the length of time I require.

X _____ Date: _____
 Member Signature Day Month Year

January 2012

**VARIABLE BENEFIT
REQUEST FOR LUMP SUM WITHDRAWAL**

VB LUMP SUM

Submit the completed form by mail or fax to:

**Capital Pension Plan
1170 – 1801 Hamilton Street
Regina, SK S4P 4B4
FAX: (306) 787-5798**