



VARIABLE BENEFIT (SK) CHANGE IN SCHEDULED PAYMENT INSTRUCTIONS

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. **Changes must be received by the Capital Pension Plan on or before the 15th day of the month to take effect for the next scheduled payment.**

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	

Scheduled Payment Instructions (complete to change your scheduled payment amount and/or frequency)

Change in Payment Amount:

I wish to receive \$ _____, before taxes (amount must be \$100 or greater).

Please Note: You can make **one** change in your scheduled payment amount per calendar year free of charge. A fee of \$75.00 will be charged for each additional change in scheduled payment amount 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 payments:

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

Change in Payment Frequency:

Please choose **one** frequency option.

- per month, starting at the end of _____ (month) 20 _____ (year) ; or
- per year, starting at the end of _____ (month) 20 _____ (year)

Please Note: You can make **one** change in your scheduled payment frequency per calendar year free of charge. A fee of \$75.00 will be charged for each additional change in scheduled payment frequency requested during the same calendar year.

Change in Direct Deposit Instructions (complete to change your direct deposit banking information)

- I wish to change my direct deposit banking information and have attached a blank cheque marked VOID with my NEW ACCOUNT information.

Member Authorization (to be completed in all cases)

X Member Signature	Date: Day Month Year
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