



## PENSIONABLE EMPLOYMENT QUESTIONNAIRE

### Privacy Notice

Provision of the personal information is required pursuant to the *Department of Public Works and Government Services Act*, para. 7(1)(d) and s.13 and will be used for the purpose of administering the *Royal Canadian Mounted Police Superannuation Act* (RCMPSA) and the *Royal Canadian Mounted Police Pension Continuation Act* (RCMPPCA). Refusal to provide the personal information, or the provision of incorrect information may result in loss of benefits and/or delays in processing incorrect pension estimates, benefits, or statements. Personal information is protected, and only used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank PWGSC PCU 702 – Federal Pension Administration. Under the Act, individuals have a right of access to their personal information and request correction, if erroneous or incomplete.

**This form must be completed electronically. If not possible, please complete it in dark ink using capital letters.**

### Plan Member's Personal Information

Surname		Regimental Number	
<input type="text"/>		<input type="text"/>	
Given Names		Pension Number	
<input type="text"/>		<input type="text"/>	
Date of Birth (YYYYMMDD)	Preferred Language	Preferred Telephone Number	
<input type="text"/>	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="text"/>	
Home Address		Apartment Number	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
City	Province		
<input type="text"/>	<input type="text"/>		
Postal Code	Country		
<input type="text"/>	<input type="text"/>		
Email address (optional)			
<input type="text"/>			

**FOR OFFICE USE  
ONLY**

Form Number

Case Number

RCMP-GRC 2069E (2014-07-001)

Canada

001

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Form Number	Regimental Number	Pension Number

Under the *Royal Canadian Mounted Police Superannuation Act* a member may choose to count as pensionable service a period of employment with your organization.

If pension records are not held in your office, forward this form to your pension plan administrator.

## 1. RELEASE AUTHORIZATION OF THE MEMBER (To be completed by the Member)

To: (Name and address of employer outside the RCMP, Canadian Forces and Public Service)

Return To:

Government of Canada Pension Centre - Mail Facility  
150 Dion Boulevard  
PO Box 8500  
Matane QC G4W 0E2

Employment Location

Period of Employment

From

To

Reference Number  
(Former Employer)

Member Telephone No.

I hereby authorize for release to the Government of Canada Pension Centre, any information requested by this form regarding the time, duration and pensionable status of my former employment with your organization. I also authorize the release of information held by the pension plan administrator.

Signature of Member

Date (yyyymmdd)

## 2. PARTICULARS OF EMPLOYMENT (Section 2, 3 and 4 to be completed by Plan Administrator)

Date of Commencement of Employment (yyyymmdd)

Date of Termination of Employment (yyyymmdd)

1. Was this person subject to your pension fund or plan during his employment?

☐ Yes ☐ No If No, go to Section 4 (Certification).

2. Type of Plan:

- ☐ Defined Benefit Plan (DB) ☐ Money Purchase Plan/Defined Contribution (DC)
- ☐ Hybrid Plan (greater benefit of DB and DC component) ☐ Combination Plan (the sum of DB and DC components)
- ☐ Deferred Profit Sharing Plan or Group RRSP (go to section 4, Certification)
- ☐ Other (Please specify , e.g. Specified Multi-Employer Pension Plan (SMEPP))

3. (a) State the official title of your pension plan

(b) Please indicate if your pension plan is registered under the *Canadian Income Tax Act*

☐ Yes If yes, please indicate the registration date and number ☐ No If no, go to Section 4 (Certification)

Registration Date (yyyymmdd)

Registration Number

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4. State the service credit for each year. If additional space is required, attach a separate sheet.

Year	Full-Time or Percentage part-time	Service From (yyyymmdd)	Service To (yyyymmdd)	Pensionable Earnings (post-1989 years)	Service Credit	PA/PSPA Amount DB component <sup>1</sup>	PA - Amount DC component <sup>2</sup>
<b>Total</b>							

<sup>1</sup> Complete if your plan is a Defined Benefit Plan (DB) or has a Defined Benefit component (i.e. Combination Plan)

<sup>2</sup> Complete if your plan is a Defined Contribution Plan (DC) or has a Defined Contribution component (i.e. Combination or Hybrid Plan)

### 3. PARTICULARS OF PENSION BENEFITS UPON TERMINATION OF EMPLOYMENT

A. Upon termination of employment, to which of the following benefits was the employee entitled under your pension plan?

(a) ☐ Return of Contributions      (b) ☐ Commuted Value

(c) ☐ Other Benefits (specify type) \_\_\_\_\_

(d) ☐ Deferred Pension Indicate present value available for transfer at:

30 Days \_\_\_\_\_ 60 Days \_\_\_\_\_ 90 Days \_\_\_\_\_

(yyyy-mm-dd)

(e) ☐ Annual Pension      Effective Date \_\_\_\_\_

(f) ☐ Government Annuities      Contract Number \_\_\_\_\_ Underwritten by Government Annuities Contract Branch

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B. If the benefit was a type described in 3A (a), (b) or (c):

(yyyy-mm-dd)

(a) What date was the payment issued? \_\_\_\_\_

☐ Not yet paid

(b) Total amount of Commuted Value paid or payable (including any portion that remains to be paid): \_\_\_\_\_

(c) What amount of the total sum indicated above represents the prescribed amount as per section 8517 of the Income Tax Regulations (locked-in portion)? \_\_\_\_\_

(d) What portion of the prescribed amount indicated above is in respect of post 1989 service? \_\_\_\_\_

(e) If the payment has been made, how was it paid

☐ To an RRSP (locked-in or not) ☐ To be Defined Benefit Pension Plan ☐ In Cash

☐ To a Money Purchase/Defined Contribution Pension Plan

☐ Other (Specify) \_\_\_\_\_

C. If any portion of the benefit remains or will remain to the employee's credit after payment described in 3A(a), (b) or (c), please complete table below and indicate reason (ex. non-transferable, etc).

From (yyyymmdd)	To (yyyymmdd)	Benefit Type	Service Credit	Reason Benefit Remains

D. Was any service subject to a pension division as a result of a marriage breakdown?

☐ Yes ☐ No

From (yyyymmdd)

To (yyyymmdd)

If yes, please provide the affected period of service \_\_\_\_\_

If yes, please provide the percentage of the division? \_\_\_\_\_ %

E. Police Officer Service:

For the purposes of the RCMPA, a police officer is defined as any Canadian citizen, who has graduated from a recognized Canadian police training institution, has acquired Canadian police experience and who has preserved and maintained public safety.

As per the definition stated above, would any service qualify as service as a police officer?

☐ Yes, if yes, please indicate the following

☐ No

From (yyyymmdd)

To (yyyymmdd)

b) Former Employee Number

a) Police Officer Service Dates \_\_\_\_\_

c) Name of Canadian Police training institution from which the former employee graduated (if known) \_\_\_\_\_

(yyyymmdd)

d) Date the former employee graduated from the training institution (if known) \_\_\_\_\_

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4. CERTIFICATION

The information provided in this questionnaire is certified to be correct.

Authorized Signing Officer	Date (yyyymmdd)	Telephone Number
Name and Title		Facsimile Number