

The University of Manitoba Pension Plan (1993)

Application for Pension Estimate

Pension Office
 University of Manitoba
 180 Extended Education Complex
 Winnipeg MB R3T 2N2
 Email: Pension.Office@umanitoba.ca

If you are considering retirement within the next 5 years and would like an estimate of your pension, please complete and submit this form to the Pension Office. Email is not a secure form of communication. Please do not email the form unless you password protect the attachment and contact us with the password.

SECTION 1 – Member Information		
Last Name	First Name(s)	Employee Number: _____
Mailing Address		Date of Birth: -- -- -- -- -- -- DD MM YYYY
		Telephone: (____) ____ - ____
		Email:

SECTION 2 – Spouse’s Information (if applicable)		
Last Name	First Name(s)	Date of Birth: -- -- -- -- -- -- DD MM YYYY

SECTION 3 – Pension Estimate Dates		
Pension estimates are only done for Pension Start Dates that are within the next 5 years.	Last Day of Pay: -- -- -- -- -- -- DD MM YYYY	Pension Start Date: 01 -- -- -- -- DD MM YYYY
<p>Please note: Pensions are paid on the last day of each month. The earliest Pension Start Date is 1st of month after your Last Day of Pay <u>AND</u> minimum of age 55. Your Last Day of Pay should, therefore, be as close as possible to the end of the month to avoid a gap between employment and pension income. Your last Day of Pay will depend on your pay cycle and if you plan to use accrued vacation or other paid leave prior to your retirement date.</p>		

SECTION 4 – Additional information relevant to your pension estimate	
<p>Please complete the following. If you have had a relationship breakdown, it may have a material impact on the information we provide. Please allow up to 8 weeks for the calculation to be completed.</p>	
<p>Do you have a former spouse who is entitled to a portion of your pension? Yes No (If yes, submit a copy of your separation agreement or court order to the Pension Office (if not already on file))</p>	
<p>Select: Actual retirement Estimate</p>	
<p>Where would you like the package sent? Home address My Department: _____</p>	

SECTION 5 – Authorization by Member	
Signature of Member:	Date: -- -- -- -- -- -- DD/ MM / YYYY

<p>This section is for internal use only</p>	
Received:	<p>Voluntary Contributions: Yes ___ No ___ Restricted ___</p> <p>Pay Cycle: HR BW SM</p> <p>Notes:</p>

The Plan document and applicable acts and regulations shall govern in the event of a question or dispute that may arise with the printed contents of this form.