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VARIABLE BENEFIT PAYMENT CHANGE

NON-SASKATCHEWAN

Instructions

Use this form to make changes to your Variable Benefit Payments.

Before changes will become effective, you must complete this form and forward it to the Plan's office along with any applicable processing fees*.

Please return the signed form and necessary supporting documents to CSS Pension Plan by regular mail, fax or email.

| Section A: Personal information | | | | | | | |
|---------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------|-------------------------------|-----------------|--|--|
| Member ID Number | 1 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Last name | First name | | Initial | Date of birth (dd/mmr | h (dd/mmm/yyyy) | | |
| | | | | | | | |
| Mailing address | 1 | | City/Town | 1 | Province | | |
| | | | | | | | |
| Postal code | Home phone | ne phone | | Home email | | | |
| | () | | | | | | |
| Section B: VB payment change | s – Locked-in funds | | | | | | |
| I hereby instruct the CSS Pension Plan to withdraw/transfer funds from my VBP account as follows: | | | | | | | |
| 1. Withdraw my payments from the | : Balanced Fund | Money N Fund | | | uity nd | | |
| 2. Payment frequency: | Monthly | Annually | y | | | | |
| 3. Payment amount: | Statutory min | Statutory minimum | | Statutory maximum | | | |
| | Specific amou | Specific amount \$ | | (Must be between Min and Max) | | | |
| 4. Start changes beginning: | | | | | | | |
| mmm/yyyy | | | | | | | |
| Section C: VB payment changes – Non-locked-in funds (if applicable) | | | | | | | |
| I hereby instruct the CSS Pension Plan to withdraw/transfer funds from my VBP account as follows: | | | | | | | |
| 1. Withdraw my payments from the | : Balanced Fund | Money N Fund | | | uity nd | | |
| 2. Payment frequency: | Monthly | Annually | / | | | | |
| 3. Payment amount: | Statutory min | Statutory minimum | | Statutory maximum | | | |
| | Specific amou | Specific amount \$ | | (Must be between Min and Max) | | | |
| 4. Start changes beginning: | mmm/j | | | | | | |
| | | | | | | | |

*The first VB payment change made within the calendar year is free. A \$50 processing fee is required for any subsequent VB payment changes made within the calendar year.

Section D: Acknowledgement

By completing and signing this form, I/we acknowledge that:

- Changes requested will begin on the date indicated.
- These changes do not affect the way in which my CSS account is invested. To make an investment change I must provide the Plan with investment instructions.
- Different funds may have different returns. I am solely responsible to monitor fund returns to determine if and when to reallocate my account.
- Depending on my investment instructions and payment decisions, my CSS account may not last for my entire lifetime or for the entire lifetime of my spouse (where applicable).
- I am responsible to obtain professional financial planning advice to determine if the CSS investment funds I hold and the payment amounts I choose are appropriate for my age and personal circumstances.
- > CSS investment funds are market-based. My investment returns and my CSS account are not guaranteed.

VB payments will stop when you have used your entire CSS account balance.

| Signature of member: | Date: |
|----------------------|---------------|
| | |
| | |
| | (dd/mmm/yyyy) |

CSS Members or Spouses receiving VB Payments are permitted to change their payment amount once per calendar year free of charge by forwarding this completed form. Subsequent VB payment changes made within the calendar year are subject to a \$50 processing fee.

Incorrect or incomplete applications will be returned, causing a delay.