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VARIABLE BENEFIT PAYMENT CHANGE

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 info	ormation						
Member ID Number							
Last name First na		irst name		Initial	Date	Date of birth (dd/mmm/yyyy)	
							T
Mailing address				City/Town Province			
Postal code	phone Home en		Home ema	il			
()					
Section B: VB payment	changes			'			
I hereby instruct the CSS P	_	vithdraw/transfer fo	unds from	my VBP ac	count as	follows:	
1. Withdraw my payments	Balanced Money Market Bond Equity Fund Fund Fund Fund						
2. Payment frequency:		Monthly	Annuall	у			
3. Payment amount:		Statutory minimum					
		Specific amount	\$		(Must be greater	than Mininum
4. Start changes beginning:		 					
Section C: Acknowledge	ement						
By completing and signing	g this form, I/we	acknowledge that	:				
Changes requested wi	ill begin on the d	date indicated.					
These changes do not provide the Plan with i	-	_	count is in	vested. To n	nake an i	nvestment ch	ange I must
 Different funds may have when to reallocate my 		urns. I am solely res	sponsible t	o monitor f	und retu	rns to determ	ine if and
 Depending on my inveligetime or for the entire 				my CSS acc	count ma	ay not last for I	my entire

CSS investment funds are market-based. My investment returns and my CSS account are not guaranteed.

and the payment amounts I choose are appropriate for my age and personal circumstances.

*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.

I am responsible to obtain professional financial planning advice to determine if the CSS investment funds I hold

Section C: Acknowledgement CONTD'							
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.							