



# EMPLOYEE TERMINATION NOTICE

Please read the following information before completing the form.

The following will assist you in making your **Benefit Choice** upon termination. Members who are on a leave of absence and who have not terminated their contracts of employment retain their employee status, and should not complete an Employee Termination Notice.

## 1. IMMEDIATE ATRF PENSION

A member who is 55 years of age and vested is eligible for an immediate pension. If an immediate pension is chosen, this form serves as an application for pension. Please send either originals or certified copies of your birth certificate, your marriage certificate, and your spouse / pension partner's birth certificate **directly to ATRF**, and include your social insurance number with these documents.

## 2. TRANSFER TO OR FROM A PENSION PLAN WITH WHICH ATRF HAS A RECIPROCAL TRANSFER AGREEMENT

A member who was, or will be, a contributor to another pension plan may be eligible to transfer Pensionable Service and contributions either to or from an authority with which ATRF has a Reciprocal Transfer Agreement.

## 3. CONTRIBUTIONS LEFT ON DEPOSIT UNTIL ANOTHER CHOICE IS MADE

- Leaving contributions on deposit with ATRF does not prejudice making a different choice at a later date.
- Contributions left on deposit accumulate interest annually on the previous August 31 balance.
- A member eligible for a deferred pension will receive cost-of-living adjustments on the deferred pension from the later of:
  - termination of the last teaching contract
  - last accrual of Pensionable Service, or
  - last substitute Pensionable Service purchased.

## 4. & 5. TERMINATION BENEFIT WITH OR WITHOUT INCOME TAX DEDUCTED

A termination benefit comprises contributions and interest to the member's credit and/or the commuted value of the pension benefits. The amount depends upon whether the member is vested. A member is vested with five to ten years of credited pensionable service, depending upon the date of service accrued. If the member is vested and chooses not to take a deferred pension at age 55, a portion or all of the benefits available may have to be transferred to a Locked-In Retirement Account (LIRA). A calculation will be completed to determine what portion, if any, must be locked-in. You will be notified before your application is processed. If you are vested, ATRF will require an original or certified copy of your birth certificate and your marriage certificate (if your name is currently different from your birth certificate) before payment of a benefit can be made.

A termination benefit will be issued as soon as possible after the applicant's date of termination. The timing is subject to receipt of any required documentation from the employer and the applicant. Under the legislation, ATRF cannot issue more than one termination benefit to a member within a 12-month period.

A previous member of ATRF who returns to contractual teaching in Alberta may apply to purchase previously refunded service. The cost is based on the full actuarial value of the service being purchased, an amount which may be considerably larger than the termination benefit.

Unless a termination benefit is transferred from ATRF to an RRSP, a reciprocal authority, or a LIRA, it is taxable income in the year in which it is issued. Withholding rates are listed below. To effect a tax-free transfer to an RRSP or a LIRA, a Canada Revenue Agency T2151 Record of Direct Transfer of a Single Amount Form (available from either ATRF, financial institutions, or your District Taxation Office) must be completed and attached to this Application.

<u>Amount of Termination Benefit</u>	<u>Tax Withholding Rates</u>	
Up to \$5,000	10%	(Special rates apply to non-residents according to county of residence)
Over \$5,000	20%	
Over \$15,000	30%	



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SOCIAL INSURANCE NUMBER

SURNAME

GIVEN NAME

INITIAL

<input type="checkbox"/>	Mr.
<input type="checkbox"/>	Ms.
<input type="checkbox"/>	Mrs.
<input type="checkbox"/>	Miss

PREVIOUS SURNAME (IF APPLICABLE)

DATE OF BIRTH

<input type="text"/>	<input type="text"/>	<input type="text"/>
YEAR	MONTH	DAY

TELEPHONE NUMBER

ADDRESS

I AM CONSIDERED A  RESIDENT  NON-RESIDENT OF CANADA  
FOR INCOME TAX PURPOSES (if currently living outside of Canada)

CITY, TOWN, ETC.

Prov. Code

PROVINCE  
CODE

{ AB - ALBERTA  
BC - BRITISH COLUMBIA  
SK - SASKATCHEWAN

Postal Code

Please place a check beside the benefit choice you wish to make. (See reverse of form for information on Benefit Choices.)

- Immediate Pension at earliest eligible date.
- Transfer to or from (circle one) a pension plan with which ATRF has a Reciprocal Transfer Agreement.  
Name of plan \_\_\_\_\_
- Contributions left on deposit - this does not prejudice making a different choice at a later date.
- Termination benefit of contributions and interest and/or commuted value of the pension with Income Tax deducted.
- Termination benefit of contributions and interest and/or commuted value of the pension with no Income Tax deducted by transferring to a Registered Retirement Savings Plan (RRSP) and/or Locked-In Retirement Account (LIRA) (requires a completed Canada Revenue Agency T2151 form).

Applications to purchase, transfer, or accrue pensionable service, in most cases, must be made before your contract has terminated. Please advise us if you wish to have further information about any of the following:

- accruing service for any period after August 1992, during which you received Extended Disability Benefit Insurance  YES  NO
- purchasing a period of disability that occurred prior to September 1992  YES  NO
- purchasing substitute teaching service that was provided in Alberta since May 1971  YES  NO
- purchasing a leave of absence that was granted by your employer  YES  NO
- purchasing previously refunded service  YES  NO
- transferring service from another pension plan in Canada (party to a reciprocal agreement with ATRF)  YES  NO

This certifies that I have read the information on the reverse of this form and clearly understand the choice I have made.

My contract with \_\_\_\_\_ will terminate/terminated \_\_\_\_\_  
Name of the Employer Effective Date

Current Date

Signature of Applicant

Please forward this application to ATRF. If you need a copy for your records, please make a photocopy of both sides of the application.