THE UNIVERSITY OF BRITISH COLUMBIA

Faculty Pension Plan

Pension Administration Office 201-2389 Health Sciences Mall Vancouver, BC Canada V6T 1Z3

Tel 604 822 8100 | Fax 604 822 9471 fpp@hr.ubc.ca | faculty.pensions.ubc.ca

UBC FACULTY PENSION PLAN Voluntary Contribution Form

Name		Employee ID No			
Surname					
Home Address					
Number	Street	City	Province	Postal Code	
Home Phone	Work Phone	Email Ad	dress		
VOLUNTARY 00NT	DIDUTIONS				
VOLUNTARY CONT					
-	ntributions by way of payroll ded		·	_ per pay cheque,	
startingmmm/dd/yyy	and ending wmm	 n/dd/yyyy (enter n/a if you	are not electing an e	end date)	
			•	,	
Note: This form must be received by the Pension Administration Office 10 calendar days in advance of the start date. For example: A request to start on the September 15, 2019 pay cheque must be received by September 5, 2019.					
AUTHORIZATION					
I understand the following:					
I am responsible for under the Income Ta	complying with the maximum limit x Act.	on contributions to a Reg	istered Pension Pla	an as set out	
2. Should my salary or	appointment change during the ca	alendar year, my voluntary	contribution room	will be affected.	
stopped for the rema	contributions nears the maximum, inder of the calendar year. The powing calendar year, if applicable.	ayroll deduction in the am			
4. If the voluntary contr	ibutions cause my total contribution to refund the excess voluntary c	ons to the Plan to exceed	the annual maximu	m limit, the	
	Any voluntary contributions I make to the Plan will be invested in accordance with my existing investment allocation choice(s) for my required contributions.				
6. If I wish to stop my v	If I wish to stop my voluntary contributions at anytime, I must inform the Pension Administration Office in writing.				
7. Voluntary contributio	ns can be withdrawn in cash and	will be subject to withhold	ing taxes.		
Date	Signature				
Danaian Adain da an	and the Oak				
Pension Administration Offi	ce Use Unly				
Effective Date:	Date Process	ed:	By:		