



Notice of Change in Member Status

Plan Name: Newfoundland and Labrador Municipal Employee Benefits Inc. Pension Plan

Registration No.: 075097(NL), 0588483(CRA)

Employer (Town): _____

Member Information (Please Print)

Member Name _____

Employee Number _____ SIN _____

Member Address _____

Marital Status Single Married Spouse's Date of Birth (if married) _____

Date of Discontinuance of Contributions/Earnings _____

Date of Status Change _____

Status Change (Place X in applicable square)

- | | | |
|---|---|--|
| <input type="checkbox"/> Early Retirement ⁽¹⁾ | <input type="checkbox"/> Postponed Retirement ⁽¹⁾ | <input type="checkbox"/> Termination of Employment |
| <input type="checkbox"/> Normal Retirement ⁽¹⁾ | <input type="checkbox"/> Disability Retirement ⁽¹⁾ | <input type="checkbox"/> Death |
| <input type="checkbox"/> Other _____ | | |

⁽¹⁾ Pension Commencement Date _____

Data Since Last Year End (Effective date of last year-end: _____)

	Current Year 20__	Prior Year* 20__
Required Member Contributions	_____	_____
Plan Earnings	_____	_____
Credited Service **	_____	_____
Pension Adjustment	_____	_____
Additional Voluntary Member Contributions (Option 9 only)	_____	_____
Member Past Service Contributions, if any	_____	_____

* To be completed only if prior year information has not been provided to Mercer (Canada) Limited already.

** If actual hours worked are provided, please also indicate the equivalent full-time hours for employees in a similar position for a full year (e.g., 2080 hours).

Signature of Employer

Date

Please send a copy to: **Mercer (Canada) Limited**
1801 Hollis Street, Suite 1300
Halifax, Nova Scotia B3J 3N4
Fax: (902) 423-1060