

REINSTATEMENT OF A REFUND REQUEST FOR COST

PERSON ID
Municipal Pension Plan PO Box 9460 Victoria BC V8W 9V8 Location 2995 Jutland Road, Victoria Web mpp.pensionsbc.ca

INFORMATION AND INSTRUCTIONS:

- If you took a refund from the Municipal Pension Plan, you may reinstate that service by repaying the refund with interest if you meet all eligibility requirements.
- You must apply to reinstate a refund within five years from the time contributions to the plan recommence or within 30 days after you terminate employment, whichever occurs first.
- Return this form to the pension plan with copies of supporting documentation (T4A, pay stubs, Income T4, Canada Pension Plan statement) from the year in which you took the refund, if available.
- If you are providing details of more than four refunds, you may wish to photocopy this page before you complete it, or you can provide the same information on a separate piece of paper.
- Do not send your payment now. If you are eligible to reinstate, the pension plan will send you a statement of cost, which will indicate when your payment is due.
- For eligibility information, go to mpp.pensionsbc.ca/reinstating-service-and-paying-back-a-refund.
- If you have questions regarding your eligibility, please contact the pension plan.

EMPLOYEE LAST NAME (<i>use legal name</i>)	FIRST NAME	MIDDLE INITIAL
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FORMER NAME(S) (*include all names in full if applicable*)

HOME ADDRESS (*include apartment number, if applicable*)

CITY	PROVINCE	POSTAL CODE
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DATE OF BIRTH YYYY-MM-DD	To help our research, please provide approximate dates below
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REFUND #1 EMPLOYER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">CONTRIBUTIONS</th> </tr> <tr> <td style="width: 50%; padding: 2px;">Start Date YYYY-MM-DD</td> <td style="width: 50%; padding: 2px;">End Date YYYY-MM-DD</td> </tr> </table>	CONTRIBUTIONS		Start Date YYYY-MM-DD	End Date YYYY-MM-DD	DATE REFUND WAS PAID TO YOU YYYY-MM
CONTRIBUTIONS						
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REFUND #2 EMPLOYER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">CONTRIBUTIONS</th> </tr> <tr> <td style="width: 50%; padding: 2px;">Start Date YYYY-MM-DD</td> <td style="width: 50%; padding: 2px;">End Date YYYY-MM-DD</td> </tr> </table>	CONTRIBUTIONS		Start Date YYYY-MM-DD	End Date YYYY-MM-DD	DATE REFUND WAS PAID TO YOU YYYY-MM
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Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

If you have any questions about this form please contact us at:

Toll-free in Canada/U.S. 1 800 668-6335
 Fax 250 953-0421
 Email MPP@pensionsbc.ca