Pension Contribution Change Form
Academic Staff Pension Plan

Employee Number:  
Surname:  
Given Name and Initial:  

Department:  
Email:  
Ext:  

Contribution Change:
I hereby elect to change the rate of my required employee pension contribution to the Academic Staff pension plan from 1.5% to 5.5% of my pensionable earnings effective ________. I understand that this election is irrevocable and remains in place until termination of employment or retirement.

I further acknowledge:

• That with this election, the employer contribution rate will change from 8.5% to 9.0% if I have attained at least 20 years of Full-Time service;
• This change will not affect my current investment instructions;
• This increase in required contributions may reduce my ability to make additional Voluntary Contributions. I will review and make any changes to my Voluntary Contributions through Sun Life, either online in my personal account at sunlife.ca/western or by phone at 1-866-733-8612; and
• That it is my responsibility to review my payroll and pension statements and inform Human Resources immediately in writing of any discrepancy between this election and my statements.

Signature of Plan Member  
/  /  Year / Month / Day

Note: If this form is received by the 15th of the month indicated above, the changes will take effect for that month.

Please send completed forms to:
Western University - Human Resource Services
5100 Support Services Building
London, ON  N6A 3K7

OFFICE USE ONLY
Flagged: □ Date: ______ Entered: □ Date: ______ ID#: ______ Verified: □ Date: _______