

Guide to the Application for a Retirement Pension Under a Public-Sector Pension Plan

General information

This document is provided for information purposes and does not replace the provisions of the laws and regulations in effect. Be sure to read it carefully.

The form is prescribed under section 150 of the *Act respecting the Government and Public Employees Retirement Plan* (CQLR, chapter R-10). You must use this form to apply for a retirement pension.

Eligibility for a retirement pension

For more information concerning your entitlement to a retirement pension, which varies according to your age and the years of service you have accrued when your participation in the pension plan ends, consult the guide for the pension plan to which you contribute, available on our website.

Processing of your application

We recommend that you fill out and send us this form at least 90 days before the month of your retirement. For example, if your employment is to end in December, we should receive your application at least 90 days before December 1st, that is, before September 2nd.

Important: Before filing your application you must have made an agreement with your employer (or employers) concerning the date of your retirement. The date must be written in section 2.2 of the form.

While your application is being processed, you will receive a document entitled *Your Options*. On it you will make choices concerning the payment of your benefits, particularly the date of your retirement (the starting date of your pension payments).

This decision could be based exclusively on the automated processing of some of your personal information, except for a few situations.

Employment covered by the Pension Plan of Peace Officers in Correctional Services (PPPOCS)

If you are applying for a retirement pension under the *Gouvernement and Public Employees Retirement Plan* (RREGOP) or the *Retirement Plan of Management Personnel* (PPMP) and you are currently employed in a position covered by the *Pension Plan of Peace Officers in Correctional Services* (PPPOCS), your employment covered by that plan must have ended in order to be entitled to your retirement pension.

Application for buy-backs or absences without pay

It is possible to file an application for a buy-back of service at the time that you file your application for a retirement pension. However, it is not possible once the application has been filed.

Access to documents held by public bodies and the protection of personal information

The personal information collected on this form is needed to study your application. Failure to provide the requested information in the mandatory sections may result in a delay or a refusal to process your application. Only our authorized employees have access to the information and it is only disclosed to other persons or agencies for verification in cases provided for by law. Pursuant to the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult your personal information and have it corrected.

For more information

Online

retraitequebec.gouv.qc.ca

By telephone

Québec region: 418 643-4881

Toll-free: 1 800 463-5533

Before you complete this form please consult the guide.

- If you wish to buy back certain periods of service and/or absence without pay, include the Application for a buy-back of one or more periods of work (RSP-727A-WRK) and/or the Application for a buy-back of one or more periods of absence (RSP-727A-ABS).
- If you file an application to transfer the value of a deferred pension or a reimbursement of contributions, depending on your plan, you must generally wait at least 210 days after you stop working to apply.

Please print.

1. Identification of the plan member

Write your Social Insurance Number or your identification number, which can be found on your Statement of Participation.

Social Insurance Number		Identification number	
		1 7	
Sex	Family name	Given name	
<input type="checkbox"/> F			
<input type="checkbox"/> M	Family name at birth, if different	Date of birth	
		year month day	
Address (number, street, apartment or Post Office Box)			
City	Province	Country	Postal code
Telephone	Language of correspondence		
area code			
Home	Other	<input type="checkbox"/> French	
area code		<input type="checkbox"/> English	
Work	Extension		

2. Information on your public-sector employment

2.1 Select the pension plan under which you are making this application (select only one plan). If you are a member of more than one pension plan you must file a separate application for each plan.

- ☐ **RREGOP** (Government and Public Employees Retirement Plan)
- ☐ **PPMP** (Pension Plan of Management Personnel)
- ☐ **SPMSQ** (Superannuation Plan for the Members of the Sûreté du Québec)
- ☐ **PPEMO** (Pension Plan of Elected Municipal Officers)
- ☐ **PPPOCS** (Pension Plan of Peace Officers in Correctional Services)
- ☐ **RPSO** (Retirement Plan for Senior Officials)
- ☐ **PPCJQ** (Pension Plan of Certain Judges of Québec (Part V.1 of the Courts of Justice Act))
- ☐ **PPCJB** (Pension Plan of Certain Judges appointed before 1 January 2001)
- ☐ **PPMNA** (Pension Plan of the Members of the National Assembly)
- ☐ **PPFEQ** (Pension Plan for Federal Employees transferred to Employment with the Gouvernement du Québec)
- ☐ Other. Specify: _____

2. Information on your public-sector employment (continued)

2.2 Have you been employed in a job covered by the plan during the last two years?

☐ Yes. Complete the following. ☐ No. Continue to **section 3**.

Give the name of your employer (or employers) during the last two years:

Employer's name: _____

Employer's name: _____

Employer's name: _____

Give the employment end date agreed upon with your employer(s): _____
year month day

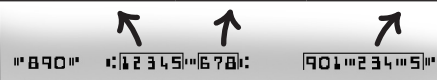
We will contact your employer (or employers) in order to validate the date of your retirement and obtain information required to process your application. As of the date on which you stop working, indicated below, you must have ceased all employment under the plan or plans to be eligible for your retirement pension.

Please note that your employment ties end following a resignation, a dismissal, the end of an employment contract or the moment your name is removed from a recall list in accordance with the provisions of your collective agreement or working conditions.

3. Payment by direct deposit

To sign up for direct deposit, please provide your banking information or a cheque marked "Void". You will receive payment of your benefits directly into your account at a financial institution in Canada.

The account given must be in the name of the pension plan member.

Name of the financial institution	Branch number (transit)	Institution number	Account number (folio)
Address of the financial institution			

4. Declaration

☐ I understand that the application will become irrevocable once I have deposited my first pension payment cheque or I have received my first direct deposit payment.

By sending this form, I declare that the information provided is complete and accurate.

If you have completed the application on behalf of another person, please provide the following information:

Have you already sent us a power of attorney or protection mandate? ☐ Yes ☐ No

If not, please enclose that document with the application.

Sex	Family name	Given name	
<input type="checkbox"/> F <input type="checkbox"/> M	Address (number, street, apartment or Post Office Box)		
City	Province	Country	Postal code
Telephone area code		Fax area code	
Extension			

Send us this form and the required documents, if applicable, online at retraitequebec.gouv.qc.ca/send/en or via My Account.

Your application will be processed faster because the postal delay will be eliminated.

If you cannot use the online service, please send us your documents at the following address:
Retraite Québec, case postale 5500, succursale Terminus, Québec (Québec) G1K 0G9