



Canadian Forces Superannuation Act (CFSA 106) Surrender of Right to Count Pensionable Service Without Pay

Privacy Notice

Provision of the personal information is required pursuant to the *Department of Public Works and Government Services Act*, para. 7(1)(d) and s.13 and will be used for the purpose of administrating the *Canadian Forces Superannuation Act* (CFSA). Refusal to provide the personal information or the provision of incorrect information may result in loss of benefits and/or delays in processing, incorrect pension estimates, benefits, or statements. Personal information is protected, and only used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank PWGSC PCU 702 - Federal Pension Administration. Under the Act, individuals have a right of access to their personal information and request correction, if erroneous or incomplete.

This form must be completed electronically. If not possible, please complete it in dark ink using capital letters.

Plan Member's Personal Information

Rank	Surname	
<input type="text"/>	<input type="text"/>	
Given Names	Pension Number	
<input type="text"/>	<input type="text"/>	
Date of Birth (YYYYMMDD)	Preferred Language	Service Number
<input type="text"/>	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="text"/>
Home Address	Apartment Number	
<input type="text"/>		
<input type="text"/>		
Preferred Telephone Number		
<input type="text"/>		<input type="text"/>
City	Province	
<input type="text"/>	<input type="text"/>	
Postal Code	Country	
<input type="text"/>	<input type="text"/>	
Email address (optional)		
<input type="text"/>		

FOR OFFICE USE ONLY	Form Number	Case Number
	<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY		
Form Number	Service Number	Pension Number

To be completed by a Part I contributor who does not wish to contribute in respect of the portion of a period of service in excess of 3 months in respect of which no pay was authorized (e.g., leave without pay), pursuant to s. 6.1 (1) of the *Canadian Forces Superannuation Act* and s. 11(2.2) of the *Canadian Forces Superannuation Regulations*. The election must be signed within 90 days after the end of such service or within 90 days after the day on which the contributor is required to resume making contributions under the Act, whichever is later. A separate form must be completed for each period in excess of 3 months in respect of which no pay was authorized.

Part I - Surrender of Right

1. I elect not to count as pensionable service the period from _____ to _____
 (YYYY-MM-DD) (YYYY-MM-DD)

both dates inclusive, which is the portion of a period of service that is in excess of 3 months and in respect of which was not authorized to be paid to me because (state reasons for which no pay was authorized):

2. The entire period of service for which pay was not authorized, including the first 3 months for which contributions must be paid, is the period from:

_____ to _____
 (YYYY-MM-DD) (YYYY-MM-DD)

3. I understand that the period of service described in section 1, which is the portion in excess of 3 months, will NOT be counted as pensionable service for computing any benefit under the *Canadian Forces Superannuation Act*.

Signed at _____ on _____
 (Place) (YYYY-MM-DD)

 (Signature of Contributor)

Witness as to signature of contributor by:

_____ (Name of Witness, printed in full) _____ (Signature of Witness)

Formulaire disponible en français - LPRFC 106F

FOR OFFICE USE ONLY		
Form Number	Service Number	Pension Number

Retain a copy for your records and return the original form to the Pension Centre at the address below:

Government of Canada Pension Centre - Mail Facility
150 Dion Boulevard
PO Box 9500
Matane QC G4W 0H3