



Multi-Sector Pension Plan

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RETRO PAYMENT INFORMATION FORM

(TO BE COMPLETED BY EMPLOYER)

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

START DATE: _____

END DATE: _____

PENSIONABLE EARNINGS: _____

CONTRIBUTION AMOUNT: _____

DATE TO BE PAID: _____

REASON FOR RETRO: _____

Please note that the employer portion of the retro payment is due immediately.
The employee has the option to contribute his/her portion of the retro payment.

EMPLOYER NAME: _____

AUTHORIZED SIGNATURE OF EMPLOYER: _____

NAME & TITLE: _____

DATE: _____