Canadian Forces Superannuation Act (CFSA 105) Application for Reduction of Instalments

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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

Given Names

Pension Number

Date of Birth (YYYYMMDD)

Preferred Language

☐ English ☐ French

Service Number

Home Address

Apartment Number

Preferred Telephone Number

City

Province

Postal Code

Country

Email address (optional)

FOR OFFICE USE ONLY ▶

Form Number 1 0 5 E

Case Number

FOR OFFICE USE ONLY		
Form Number	Service Number	Pension Number
1 0 5 E		

(This form is for use by a contributor who, pursuant to subsection 14(4) of the *Canadian Forces Superannuation Regulations*, applies for a reduction in the amount of his monthly instalments in respect of an election made under the *Canadian Forces Superannuation Act* (CFSA) to pay for elective pensionable service.)

Part I - Application for Reduction

1. I, _____
(Full given name followed by surname)

_____ (Service Number), _____ (Rank), _____ (Base or other unit or element),

hereby apply to reduce my instalments to pay for prior elective pensionable service, in respect of my election under the CFSA

from $ _____ to $ _____ monthly.

2. I certify that the reason for this application is that undue financial hardship, which was unforeseen by me at the time of making my election, will be caused to me if I am required to continue to pay at my present instalment rate and I submit the following particulars to substantiate my application (use attachments if required).

3. I attach the following material to support this application:

☐ (a) a statement from my accounting officer which reflects my current monthly recurring credits and debts;

☐ (b) a detailed statement of all my financial obligations, including accommodation, food, family medical expenses, sundry items, etc;

AND

☐ (c) a detailed statement of any income from sources other than my pay and allowances.

Signed at _____ (Place) this _____ day of _____ (Date of Election), _____ (Year).

Witness as to signature of contributor by:

_____ (Signature of Witness)

_____ (Signature of Contributor)

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Part II - Receipt of Application

4. The foregoing application was received by me on this _____ day of _____ (Month), _____ (Year).

_____ (Commanding Officer or Person Disignated by the Minister) _____ (Date) (yyyy-mm-dd) _____ (Base or other unit or element).

Part III - Medical Certificate

(The medical examination shall be made within a period of 90 days immediately prior to or after the application unless otherwise authorized by the Minister.)

5. I certify that the contributor has been medically examined as to his/her mental and physical fitness to perform his/her duties as a member of the forces, and that he/she has (indicate by placing a (✓) in the appropriate box):

☐ (a) PASSED such medical examination

OR

☐ (b) NOT PASSED such medical examination

_____ (Date of medical examination) (yyyy-mm-dd)

_____ (Signature of medical officer or civilian practioner)

_____ (Base or other unit or element)

_____ (Name and appointment to be printed in full)

Formulaire disponible en français - LPRFC 105F

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

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