

Congratulations on your decision to retire. To facilitate this process, you will find six (6) forms attached below for your completion:

1. Pension Election

You select the type of pension that you will take. You can review the **Types of Pension** available on the Carleton Pension webpage: [Planning your Retirement - Human Resources \(carleton.ca\)](#)

2. Pension Beneficiary Form

3. Spousal Adjustment Form

4. TD1 Federal Form

5. TD1 Ontario Form

If you need a different provincial TD1 form, please select it from the Canada Revenue Agency's website: [TD1 forms for 2024 for pay received on January 1, 2024 or later - Canada.ca](#)

6. Pension Personal Information Release Form

In addition, please provide the following documentation:

- Void cheque** if different then the bank account on file
- Marriage Certificate** if applicable
- Statement of Spousal Status** – if common law or if marriage certificate is lost
- Proof of Age**
(birth certificate or passport or driver's license) for yourself and spouse (if applicable)

IMPORTANT

The six forms in this attachment along with the addition applicable documents can be submitted directly to Human Resources at the Pension Documents Submission portal: [Service Management \(carleton.ca\)](#)

We will reach out to you if additional forms are required.

After considering the various pension options available from the Carleton University Retirement Plan (registration #0526616), I elect the following pension effective _____ and payable monthly in arrears.

Single Life Pensions:

- Single life pension payable for my remaining lifetime, and **guaranteed for _____ years** in any event.
- Single life pension payable for my remaining lifetime, **without guarantee**. I am aware that on my death, my pension will cease and no payments of any kind will be due from the Plan to my beneficiaries, heirs, or estate, even if my death occurs immediately following the date of my first pension payment.
- Integrated pension and guaranteed to age _____.
- Integrated pension without guarantee.

Joint Life Pension:

- Joint life pension payable to me for my remaining lifetime, and **guaranteed for _____ years** in any event; upon my death, my pension will **continue to my co-annuitant**, if living, for the remainder of his/her lifetime, at _____% of the full pension.
- Joint life pension payable to me for my remaining lifetime, **without guarantee**; upon my death, my pension will **continue to my co-annuitant**, if living, for the remainder of his/her lifetime, at _____% of the full pension.
- Joint life pension payable to me as long as both my co-annuitant and I are living, and **guaranteed for _____ years** in any event; upon the death of either my co-annuitant or myself, my pension will **continue to the survivor**, for the remainder of his/her lifetime, at _____% of the full pension.
- Joint life pension payable to me as long as both my co-annuitant and I are living, **without guarantee**; upon the death of either my co-annuitant or myself, my pension will **continue to the survivor**, for the remainder of his/her lifetime, at _____% of the full pension.

Co-Annuitant Name: _____ Co-Annuitant S.I.N.: _____

Please indicate which of the following apply to you:

- You are retiring from active employment at Carleton University.
- You are starting your pension, but will continue working at Carleton.
- You are a former employee electing to start your pension.
- You are a surviving spouse electing a monthly pension.

Employee Signature

Employee Number

Name (Please Print)

Date

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Director, HR Transformation and Technology. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

SECTION A – MEMBER INFORMATION

EMPLOYEE #	LAST NAME	FIRST NAME	INITIAL

SECTION B – SPOUSAL BENEFIT

In accordance with pension legislation and the terms of the Plan, as Plan Member, your spouse may be entitled to certain benefits following your death, **regardless of any beneficiary designation you have made.** If you have not submitted a valid beneficiary designation, any death benefit will be paid to your estate.

If your spouse chooses to waive the right to the benefits, and has submitted a "Spousal Waiver" form to Human Resources, or if you do not have a spouse, benefits will be paid to the beneficiaries you have named. A spouse is defined as:

A person whom at the date of determination:

- a. is married to the Member and is not living apart from the Member; or
- b. is not married to the Member but has been living with the Member in a conjugal relationship:
 - i. continuously for a period of not less than three years; or
 - ii. in a relationship of some permanence, if they are the parents of a child as set out in section 4 of the Children's Law Reform Act.

I do not have a spouse as defined above.

I have a spouse as defined above. I confirm that I am authorized by my spouse to provide his or her personal information for the purpose of enabling him or her to receive benefits under the Plan.

NAME OF SPOUSE	DATE OF BIRTH (YY/MM/DD)

SECTION C – TO DESIGNATE A REVOCABLE BENEFICIARY

Beneficiary: In accordance with the terms and conditions of the Carleton University Retirement Plan ("the Plan"), I revoke any designation of beneficiary made by me. I appoint the following revocable beneficiary to receive any proceeds payable from the Plan that become due by reason of my death. I understand that the designations apply to all death benefits under the Plan unless applicable pension legislation requires payment to a spouse or common-law partner. I confirm that I am authorized by my beneficiary to provide his or her personal information for the purpose of enabling him or her to receive benefits under the Plan. Unless otherwise specified, proceeds will be divided equally among my beneficiaries. See the back page for additional information.

BENEFICIARY NAME	RELATIONSHIP	ADDRESS	% PROCEEDS

Trustee Nomination for Minor Beneficiary residing outside Quebec: If you designate a minor child or a person who lack legal capacity as beneficiary for the purposes of the Plan, a Trustee must be appointed to receive and administer the death benefits. I revoke any previous trustee appointment and appoint the following trustee to receive, in trust, all benefits payable to a designated beneficiary under the Plan who is legally a minor or who lacks capacity. I acknowledge that paying the death benefits to the trustee discharges Carleton University's obligation to pay a death benefit to a designated beneficiary. See the back page for additional information.

TRUSTEE NAME	RELATIONSHIP	ADDRESS	% PROCEEDS

Contingent Beneficiaries: In the event that one of the beneficiaries designated above (the "Original Beneficiaries") predeceases me, I appoint the following as my "Contingent Beneficiary" in their stead. See the back page for additional information.

CONTINGENT BENEFICIARY NAME	RELATIONSHIP	ADDRESS	% PROCEEDS

I reserve the right to change the Beneficiary, Trustee or Contingent Beneficiary from time to time, subject to the provisions of any laws or governmental regulation governing the Designation of Beneficiaries in force from time to time that may apply.

_____ SIGNATURE OF MEMBER

_____ SIGNATURE OF WITNESS (named beneficiary can not be a witness)

_____ DATE

_____ PRINT NAME

_____ DATE

**Carleton University Retirement Plan Text - Section 11
Designation of Beneficiary and Settlement of Death Benefits**

11.01 Designation of Beneficiary

A Member may, by written notice to the University during the Member's lifetime, designate a Beneficiary to whom, in the event of the death of such Member, shall be paid any death benefits under the Plan, except with respect to benefits payable to the Member's Spouse or under the joint and survivor option. Provided there is no legal or other restriction to the contrary, such Member may from time to time revoke or alter any such designation, without the consent of the former Beneficiary.

Where a Member is to be paid benefits under a joint and survivor option with a guarantee period, the Member's designation of a Beneficiary of the guaranteed payments to be paid following the deaths of both the Member and the co-annuitant, may be altered following the Member's death only by the joint agreement of both the co-annuitant and the Beneficiary designated by the Member.

Each such written notice shall be in such form and executed in such manner as the University, in its discretion, may from time to time determine.

11.02 Settlement of Pre-Retirement Death Benefits

In those cases where a Member dies prior to commencement of the Member's pension and the Member's Spouse is entitled to the death benefit in accordance with Section 10.01, [applicable pension legislation] the Spouse may elect that the settlement of death benefits be made in any one of the following ways:

- (a) in a lump sum cash payment,
- (b) the amount in (a) be transferred to a registered retirement savings plan, or
- (c) the amount in (a) be used to provide an immediate or deferred life annuity, commencing at any time prior to the end of the calendar year in which, with effect from January 1, 1997, the Spouse attains age 71, or such other time as is acceptable under the *Income Tax Act*, or, if later, within one year after the death of the Member, provided that such life annuity shall not have a guarantee period in excess of 15 years.

In those cases where a Member dies prior to commencement of the Member's pension and a Beneficiary other than the Member's Spouse is entitled to the death benefit in accordance with Section 10.01, the settlement of death benefits shall be made to the Beneficiary in accordance with (a) above.

11.03 Settlement of Post-Retirement Death Benefits

If on the death of a Member there shall be no Beneficiary, or if the Beneficiary shall not then be living, any benefits which may be payable in accordance with Section 10.02, [the Carleton Retirement Plan Text] shall be paid to the deceased Member's estate. Such settlement shall be made in a lump sum equal to the Commuted Value of such payments.

11.04 Settlement of Death Benefits Following Death of Beneficiary

If a Beneficiary who is entitled to benefit payments as the result of the death of a Member or the Member's Spouse should die before the end of any applicable period of guaranteed payment, the balance of the guaranteed payments shall be paid to the beneficiary designated by such Beneficiary. In the absence of such designation, the balance of the guarantee payments shall be paid to the estate of such Beneficiary in a lump sum equal to the Commuted Value of such payments.

More Information

Trustee Nomination for Minor Beneficiary: If you wish to grant the trustee the authority to use the assets held in trust for the education or maintenance of the beneficiary during the period of minority or incapacity, you should obtain legal advice prior to completing this form as additional documentation will be required. If you do complete the trustee appointment, note that the trust will terminate when your beneficiary attains the age of majority or recovers sufficient legal capacity to assume control of the assets.

Minor beneficiary residing in Quebec only: Trustee appointments are not accepted by Quebec courts. Please consult your legal advisor if you wish to appoint a trustee.

Contingent Beneficiaries: A Contingent Beneficiary will only be entitled to receive a benefit in the event that one of the Original Beneficiaries predeceases you. If I do not designate a Contingent Beneficiary and one of the Original Beneficiaries predeceases you, then the death benefit will be divided equally among the surviving Original Beneficiaries, or, if none, the death benefit will be paid to your estate.



2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address		Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2024, and your net income for the year from **all** sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,041 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,321) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

\$

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.

2. Age amount – If you will be 65 or older on December 31, 2024, and your net income will be \$45,068 or less, enter \$6,054. You may enter a partial amount if your net income for the year will be between \$45,068 and \$85,428. To calculate a partial amount, fill out the line 2 section of Form TD1ON-WS, Worksheet for the 2024 Ontario Personal Tax Credits Return.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter **whichever is less:** \$1,714 or your estimated annual pension.

4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,017.

5. Spouse or common-law partner amount – Enter \$10,528 if you are supporting your spouse or common-law partner and **both** of the following conditions apply:

- Your spouse or common-law partner lives with you
- Your spouse or common-law partner's net income for the year will be \$1,053 or less

You may enter a partial amount if your spouse's or common-law partner's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 5 section of Form TD1ON-WS.

6. Amount for an eligible dependant – Enter \$10,528 if you are supporting an eligible dependant and **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be \$1,053 or less

You may enter a partial amount if the eligible dependant's net income for the year will be between \$1,053 and \$11,581. To calculate a partial amount, fill out the line 6 section of Form TD1ON-WS.

7. Ontario caregiver amount – You may claim this amount if you are supporting an eligible infirm dependant aged 18 or older:

- your child or your grandchild (or your spouse or common-law partner);
- your parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada (or your spouse or common-law partner)

To calculate this amount, fill out the line 7 section of Form TD1ON-WS.

8. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.

9. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

10. TOTAL CLAIM AMOUNT – Add lines 1 to 9.
Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

Filling out Form TD1ON

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income is less than the total claim amount

- Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

Please Print & Complete All Fields

Employee Number		FIRST NAME		LAST NAME	
DEPARTMENT WORKED			RETIREMENT DATE		
ADDRESS				CITY	
PROV	POSTAL CODE	COUNTRY	EMAIL		PAYROLL USE ONLY
					<input type="checkbox"/> PENS Email Entered

As a retiree of Carleton University, you are entitled to receive information on the University and related events such as, but not limited to:

- Spring Conference
- United Way etc.

				PAYROLL USE ONLY
				PZACOMM -Banner Code
1.	I agree to my contact information being provided to University Departments and Associations for the purpose of communicating with me regarding Carleton University Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0001
2.	I agree to my contact information being provided to the Department of University Advancement for the purpose of sharing with me by email, mail, or phone, stories of student success, highlights from campus, and upcoming events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0007
3.	I agree to receive information from the Carleton University Retiree Association (For more information, please visit the following website https://carleton.ca/cura/)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0002
4.	I agree to have my name and relevant photographs listed as a retiring employee in Carleton University publications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0003
5.	I would like to attend the Retiree Reception	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0004
6.	I would like to receive the Retiree Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	0005

EMPLOYEE SIGNATURE

DATE

----- HR USE ONLY -----

HR ADMINISTRATOR - VIEWED (SIGNATURE)

DATE

PAYROLL - ENTERED (SIGNATURE)

DATE

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Director, HR Transformation and Technology. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.