



**EMPLOYEE BENEFITS DIVISION**  
**PENSION NOTIFICATION OF EXIT FORM**  
**EB 288**

Name of Company: \_\_\_\_\_

<sup>1</sup>Member ID: \_\_\_\_\_ <sup>2</sup>TRN: \_\_\_\_\_

<sup>3</sup>Member's Name: \_\_\_\_\_  
First Middle Initial Last

Date of Exit: \_\_\_\_\_  
DD/MM/YYYY

Reason for Exit: Resignation  Redundancy  Dismissal  Death\*  Retirement\*\*

Type of Retirement Benefit (if applicable): Early  Normal  Late  Disability

Date of Last Contribution: \_\_\_\_\_ Amount (\$): Required \_\_\_\_\_  
DD/MM/YYYY Voluntary \_\_\_\_\_  
Employer \_\_\_\_\_

Authorised Name \_\_\_\_\_

Company Stamp:

Authorised Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_  
DD/MM/YYYY

**Documents Required:**

- \* For Death Benefits, a certified copy of the Death Certificate from the Registrar's General Department (RGD) or a completed Guardian Life Certificate of Death Form (EBD 201) should be submitted.
- \*\* For Retirement Benefits, a valid ID should be submitted for age verification. Acceptable forms of identification include Birth Certificate, National Identification, Passport or Driver's Licence. A letter from a Medical Practitioner is required for Disability Retirement.