



ALLOCATION OF RETROACTIVE PENSIONABLE EARNINGS

PENSIONS ADMINISTRATION DIVISION
 Department of Finance, P.O. Box 8700, St. John's, NL, A1B 4J6
 Fax (709) 729-6790

Name of Plan Member: _____

Social Insurance Number: _____

Name of Employer: _____

DETAILS OF RETROACTIVE SALARY PAYMENT				
Effective Date of Salary Change	Annual Rate of Salary	Period Represented	Retroactive Salary Paid	Date Paid
		to		
		to		
		to		
		to		
		to		
		to		
		to		
		to		
		to		
		to		
			TOTAL	\$

Employer Signature: _____

Date: _____

Telephone: _____

IMPORTANT: When allocating retroactive pay to the appropriate field(s) please summarize by calendar years (where applicable) in addition to each change in salary rate. See example below:

Plan member receives retroactive pay January 24, 2005 representing the period October 1, 2003 to December 31, 2004. The effective dates of salary increases were October 1, 2003 and April 1, 2004. The periods should be summarized as follows:

Oct 1/2003 to Dec 31/2003 Jan 1/2004 to Mar 31/2004* Apr 1/2004 to Dec 31/2004

*This period had to be defined even though there was no salary increase effective January 1, 2004. This is to ensure accuracy of pension contributions.

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns please contact the Pensions Administration Division.