

PERSON ID

college.pensionsbc.ca

Toll-free (Canada/U.S.): 1-888-440-0111 PO Box 9460, Victoria BC V8W 9V8

PAST SERVICE PURCHASE APPLICATION

Use this form to apply to buy past service for time worked before you or your employer joined the College Pension Plan.

Plan member instructions

- 1. Review the approximate cost table at college.pensionsbc.ca/buying-past-service.
- 2. Complete Part A Plan member.
- 3. Send the application to the employer with whom the period of past service occurred.
 - The deadline to apply is no later than 30 days from terminating all employment under the plan.
- 4. Upload valid proof of age at myaccount.pensionsbc.ca > My profile > Personal information.

What happens next

· Your employer will send the application to the plan.

Indicate the amount of money you're considering using to buy service. The amount you provide

may be used to estimate how a partial purchase may increase your pension.

- You will receive an email notification when your *Statement of Cost* is ready in Message Centre. The statement includes the cost to buy, payment due date, and payment options.
- If you are re-applying or requesting an updated cost, you may not need to submit a new application, to learn more go to **college.pensionsbc.ca/buying-past-service.**

Important considerations

- You may be eligible to buy past service for periods that include long term disability or leaves of absence.
- If you are buying past service for a period when you were covered by another registered pension plan, use the Past Service Purchase Application (Contributions made Under Former RPP)

Employer instructions

- 1. Complete Part B
- 2. Refer to the Employer Instruction Manual (EIM) section 2.6.3 for guidance on completing this form.
- 3. Send the application within 30 days of receiving it to the plan email, cpp@pensionsbc.ca with the subject: [Past Service POS EMPLOYER ORG #]

PART A Plan member

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LAST NAME		FIRST NAME AND INITIAL (if any)	PERSON ID	
ADDRESS (include unit number if applicable)		CITY	PROVINCE	POSTAL CODE
DATE OF BIRTH PHONE NUMBER	EMAIL			
NAME OF CURRENT EMPLOYER	NAN	ME OF PAST SERVICE EMPLOYER (if different from current employer)	PAST SERV	/ICE EMPLOYMENT (YYYY
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Purchase information				

Freedom of Information and Protection of Privacy Act—Your personal information is being collected by the BC Pension Corporation for pension plan administrative services, including the evaluation of such services. This collection is authorized under sections 26(c) and (e) of the Freedom of Information and Protection of Privacy Act (BC). If you have any questions about this collection, contact the BC Pension Corporation's privacy team at penc.privacy@pensionsbc.ca or by phone at 778-698-6483.

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By signing this application, I certify that I am an authorized representative of the employer indicated above, and that the information completed above is

rue, complete and correct to the best of m	/ know	ledge.
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NAME (print name)			EMAIL		
ADDRESS (include unit number if applicable)		CITY		PROVINCE	POSTAL CODE
PHONE NUMBER	SIGNATURE				DATE SIGNED YYYY-MM-DD

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