



**ACAW Pension Plan
RETIREMENT ACKNOWLEDGEMENT CANCELLATION**

To **cease** Employer Pension Contributions paid as Wages

Member: _____

SIN: _____

Effective Date: _____

If you, the employer, are requested by the member to cease paying pension contributions as wages to the member.

The contributions will now be required to be remitted to the ACAW Pension Plan on the member's behalf as a result of this acknowledgement, please complete this form and forward to the ACAW Accounting Department.

Company Name: _____ Effective Payroll Date: _____

Signed by: _____

Member Signature: _____

Date: _____

Please fax this page back to ACAW Trust Funds, Attention: Accounting at 780-477-9134 before first effective payroll