

**CPP Disability Benefits Administration Program**

**TERMINATION NOTICE**

Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby give notice that I am terminating the Trust Agreement appointing the Public Trustee as my Financial administrator.

\_\_\_\_\_  
Signature of Client

**Please Note:**

The recipient of the original of this Termination Notice shall notify all other parties to the Trust Agreement.