

ACKNOWLEDGEMENT FORM

The Director or his designate of CPP Disability Benefits verifies that:

(name of client)

(SIN)

- a) receives benefits from CPP Pension Plan Disability Benefits
- b) understands that the Public Trustee will manage benefits on his/her behalf ;
- c) understands that the Trust Agreement may be terminated at any time upon 30 days notice by him/her giving a Notice of Termination (see attached) to the other parties to the agreement.

Chris Peckham

Signature

Date