



**ELCIC Pension Plan**  
**CRA registration 0533240**  
**Enrollment Form**

**Plan Description**

The ELCIC Pension Plan (the "Plan") is a Defined Contribution Plan. The purpose of the Plan is for eligible Employees to accumulate funds for the ultimate purpose of providing a retirement income. This means each Member and Employer contributes as defined amount, expressed as a % of salary. These contributions will be accumulated in a Member's individual account and invested according to the Statement of Investment Policies & Procedures. Investment results are credited to Member's accounts monthly. This account will ultimately be used to create an income in retirement.

**Member**

First name		Last name	
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**Member Contact Information**

Personal email			
Street address			
City, Province		Postal Code	
Home phone		Mobile phone	

**Member Personal Information**

Date of birth		Gender		S.I.N.	
Marital status		Date of marriage/co-habitation			

**Member's Spouse's Information**

Spouse's first name			Spouse's last name		
Date of birth		Gender		S.I.N.	

Spouse – please refer to the ELCIC Pension Plan text for a full definition.

**Date of Enrollment**

Date eligibility met	
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**Authorization and Acknowledgements**

I certify the information contained herein is correct. I authorize my employer to deduct from my earnings the contributions required.

I consent to the collection, use and disclosure by ELCIC Group Services Inc. (GSI) of my personal information, including without limitation the information provided in this form, in accordance with GSI's Privacy Policy, including without limitation for the purpose of activities related to my enrollment in the ELCIC Pension Plan, the efficient administration of my entitlements under the ELCIC Pension Plan, and the management of my participation in the ELCIC Pension Plan.

I consent to GSI disclosing and/or obtaining information to and from the participating employer, and to its agents and service providers, including, but not limited to insurers and consultants, for these purposes.

I understand that I have the right to access the personal information in my file, and if necessary, correct any inaccurate information.

Member signature		Date	
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I confirm this member is actively working and has met the eligibility requirements.

Employer signature		Date	
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**Member - Please complete reverse side for beneficiary appointment**

## Beneficiary Appointment – ELCIC Pension Plan

### Members with a Spouse

A member's spouse is entitled to the member's ELCIC Pension Plan account if the member dies before the account is settled. You may, but do not need to list your spouse as a beneficiary as this is a legislated entitlement unless waived in accordance with legislation or if at the time of death, you were living separate and apart due to relationship breakdown.

Please be aware that the designation of your spouse as the beneficiary will not be revoked or changed automatically by any future marriage or divorce. Consider listing a beneficiary(ies) in the event your spouse predeceases you.

### Members without a Spouse

If the member does not have a spouse at time of death or if the spouse has waived their entitlement in accordance with legislation, then the beneficiary(ies) designated on this form will receive the member's ELCIC Pension account.

### Beneficiary Designation

Please be aware that the entitlement of any beneficiary who predeceases you will revert to your surviving beneficiaries in equal shares (not the deceased beneficiary's heirs). If there is no surviving beneficiary, the entitlement will revert to the contingent beneficiary in the next section.

First name	Last name	Date of Birth	Address	Relationship	S.I.N.	% share

### Contingent Beneficiary

You may wish to designate a contingent beneficiary(ies) to receive your pension account entitlement if all the primary beneficiary(ies), named above should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you have not named a contingent beneficiary, then your estate becomes the contingent beneficiary.

First name	Last name	Date of birth	Address	Relationship	S.I.N.	% share

### Trustee Appointment for Minor(s)

Trustee appointment for minors – please complete if any beneficiaries are under 18 years of age

First name	Last name	Phone number	Address	Relationship

If living, shall be and is hereby appointed trustee to receive and disburse any monies payable hereunder to child(ren) aforesaid during minority. Failing such trustee, the duly appointed guardian of such minor child(ren) shall be appointed as trustee. Payment so made to said trustee shall discharge the payer to the extent of such payment.

### Authorization and Acknowledgements

I hereby revoke all previously designated beneficiaries and appoint the aforesaid to receive any pension entitlement payable in the event of my death, subject always to the provisions of any law or government regulations. In the absence of a new beneficiary designation made by me and duly filed with the administrator under this plan, this beneficiary designation shall be valid.

Member signature		Date	
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