

# Defined Contribution Pension Plan & Deferred Profit Sharing Plan Application

## SECTION 1: EMPLOYER INFORMATION

\*Required information

Employer Name\*

Employer Address\*

City or Town\*

Province\*

Postal Code\*

## SECTION 2: TYPE OF PLAN

- Deferred Profit Sharing Plan     Defined Contribution Pension Plan

## SECTION 3: APPLICATION INFORMATION

Surname\*

First Name and Initial\*

- Mr.     Mrs.  
 Ms

Address\*

City or Town\*

Province\*

Postal Code\*

Contact Phone Number\*

Email

S.I.N.\*

Language Preference

- English  
 French

Birthdate\*

Y Y Y Y / M M / D D

Date of hire\*

Y Y Y Y / M M / D D

Eligibility date\*

Y Y Y Y / M M / D D

Spouse's Surname (required for pensions plan only)

Spouse's First Name & Initial

Birthdate

Y Y Y Y / M M / D D

## SECTION 4: DESIGNATION OF BENEFICIARY

I designate the person(s) named below as my beneficiary(ies) under this plan.

Name of beneficiary in full

Relationship to Applicant

Address of beneficiary

Name of beneficiary in full

Relationship to Applicant

Address of beneficiary

### PLEASE NOTE:

- Not applicable in QUEBEC or PEI. In certain provinces, designation of beneficiary can only be made by including a specific clause in your will.
- FOR MANITOBA: Your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you have to do so by means of a new designation.

## SECTION 5: AUTHORIZATION

I hereby request that I be included in the plan specified above as presented to me by my employer. I agree to comply with the requirements of the Plan and I authorize my employer to deduct any contributions from my earnings required from me by the Plan.

Signed at\* \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Employee Signature\*