

Pension Plan Enrolment

Plan Name *Revised Pension Plan for Staff of Acadia University*
Plan Registration Number 0201129
Location or Division _____

(Please Print)

Employee Name _____
Last First Initial

Date of Birth: _____ Sex: Male Female
(DD/MM/YY)

Date of Employment: _____ Date of Plan Entry: _____
(DD/MM/YY) (DD/MM/YY)

SIN: _____ Province of Employment: _____

Language Preference English French Proof of Age Submitted: Yes No

I understand and agree to the provisions of my employer's pension plan as set out in the plan text, summary or booklet given to me, and apply for membership in the plan. I certify that the information provided on this form is correct.

I authorize my employer to make the required deductions from my earnings each pay period (in accordance with the terms and conditions of the plan).

Signature of Employee

Date

Signature of Employer Representative

Date

Name of Employer Representative (Please Print)

Complete Spouse And Beneficiary Designation form upon enrolment