

Pension Plan Enrolment

Plan Name: **Public Service Superannuation Plan**

PLEASE PRINT

Employee Name _____
Last First Initial

Date of Birth _____ Sex Male Female
Day/Month/Year

Date of Employment _____ Date of Plan Entry _____
Day/Month/Year Day/Month/Year

SIN _____ Province of Employment _____

Language Preference English French

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 Acadia Human Resources Representative

Date

Name of Employer Representative (Please Print)

Complete Spouse and Beneficiary Designation form upon enrolment