



**Canadian Mennonite Brethren Pension Plan (the "Plan")
Enrolment Form**

PARTICIPANT DATA (please print)

_____		_____	_____	_____
Last Name	First Name	Initials	Social Insurance Number	
_____		_____		_____
Address		_____		Date of Birth mm/dd/yyyy)
_____		_____		_____
City		_____		Sex (M / F)
_____		_____		_____
Province	Postal Code	_____		Date of Enrolment (mm/dd/yyyy)
_____	_____	_____		_____
Date of Employment (mm/dd/yyyy)		_____		Province of Employment
_____		_____		_____
<input type="checkbox"/> Canadian Conference Division (Class 1), or				
<input type="checkbox"/> Missions Division (Class 2)				
Language Preference		English <input type="checkbox"/>	French <input type="checkbox"/>	

PAYROLL DEDUCTION AUTHORIZATION

Required contributions: I authorize the Plan Sponsor to deduct 5% of my earnings as defined under the Plan, or such other amount required by the terms of the Plan, from each pay as required contributions under the provisions of the Plan.

Voluntary contributions (optional): I authorize the Plan Sponsor to deduct an additional amount equal to _____% of my earnings as defined under the Plan or \$_____ each pay as voluntary contributions and reserve the right to alter or discontinue this option.

MARITAL STATUS DECLARATION

I hereby certify that, at the time of this declaration based on the applicable definition of spouse under the pension legislation of my province of employment:

I have a spouse (include common law partner)

_____		_____	_____	_____
Last Name	First Name	Initials	Date of Birth (mm/dd/yyyy)	

I do not have a spouse.

SHOULD MY MARITAL STATUS CHANGE IN THE FUTURE, I WILL NOTIFY THE PLAN SPONSOR IN WRITING.

BENEFICIARY DESIGNATION

You can designate anyone as your beneficiary to receive a death benefit payable from the Plan, in the event of your death prior to retirement. However, if you have a spouse as defined under the pension legislation of your province of employment, your spouse has priority to receive the death benefit payable with respect to your benefit under the Plan. Your spouse can choose to validly waive his/her entitlement to a death benefit, by filing a waiver, in the acceptable form, with the Plan Sponsor.

If you wish to designate a beneficiary who is a minor or who does not have the capacity to deal with his or her affairs, you should seek legal advice prior to making such designation to ensure that the funds can be used as you intend.

I appoint the following beneficiary or beneficiaries to receive any amounts payable to a designated beneficiary from the Plan, in the event of my death:

<input type="checkbox"/> Name(s)	Relationship(s)	Share of Proceeds**
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%
		100%

** Unless specified otherwise, proceeds will be divided equally among all beneficiaries designated above.

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary or beneficiaries designated above, including any designation of my spouse. I acknowledge that all designations remain in effect until they are revoked in writing by me and received by the Plan Sponsor.

I understand that, in the event of my death, if I do not have a spouse on my date of death or if my spouse has waived the pre-retirement death benefit and I have not designated a valid beneficiary under the Plan, the death benefit payable under the Plan shall be paid to my estate.

Quebec Participants Only

Where the **Civil Code of Quebec** applies, any designation of the Participant's spouse as beneficiary is irrevocable unless the Participant stipulates the designation to be revocable, by checking the box below. ("Spouse" in this context means a married spouse or a civil union spouse).

Where a beneficiary designation is irrevocable and while that beneficiary is living, the Participant may not, without the consent of the beneficiary (who must be of legal age to give consent), alter or revoke the designation, assign, surrender, exercise rights under or in respect of or otherwise deal with the Plan.

I stipulate that the designation of my spouse as beneficiary is **revocable**.

PARTICIPANT'S SIGNATURE

I hereby apply for membership in the Plan and authorize the Plan Sponsor to use my social insurance number for tax reporting, identification and recordkeeping purposes. I also confirm the instructions and designations on this form.

Signature of Participant

Date