

Enrolment Form

The Retirement Plan of the University of St. Michael's College

Identification

Last name: _____ First name: _____

Social insurance number: _____ Sex: Male Female

Address: _____

Date of birth: _____ Proof of Age submitted: Yes No
Year Month Day

Date of hire: _____ Date of Plan entry: _____
Year Month Day Year Month Day

Division: _____ Member of a Religious Order: Yes No

Employment: Full-time Part-time If Part-time, appointment percentage _____

Beneficiary Designation

I appoint the following to receive any payment according to the terms of the plan that may fall due after my death:

My spouse, as designated below;
or, if I do not have an eligible spouse at the time of my death,

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

* If allocation is specified, percentages should total 100%. If allocation is not specified, death benefits will be divided equally among all beneficiaries (including your spouse, if designated).

Spousal Designation (Please see the reverse for definitions).

I have a spouse, as defined by Ontario legislation.

Name of Spouse: _____
Last Name First Name Initial

Spouse's Date of Birth: _____ Proof of Age Submitted: Yes No
Year Month Day

I do not have a spouse, as defined by Ontario legislation.

Definitions of Spouse - Ontario

The definitions given below do not in any way enlarge, modify or change the meaning of the official plan text. If there is any conflict between the definitions given below and the provisions of the plan text, the provisions of the plan text will govern in all cases.

Spouse means, at the time a determination of marital status is required, the person, provided you are not living separate and apart from that person, to whom you are:

1. not legally married but you and that person have been cohabiting continuously in a conjugal relationship for at least 3 years; or
2. not legally married, but you and that person are cohabiting in a conjugal relationship of some permanence and are jointly the natural or adoptive parents of a child, must be living together at the relevant time; or
3. legally married.

Declaration

I hereby apply for membership in the Retirement Plan of the University of St. Michael's College and agree to abide by its terms and conditions thereof. The Pension Plan provisions have been explained to me and I am aware of my rights and obligations.

I authorize my employer to make deductions from my earnings of the contributions required under the Plan.

I acknowledge that, regardless of my designation of beneficiary, the pension plan provisions and/or provincial pension legislation may require certain death benefits to be paid to my spouse, if there is one at my date of death, and that benefits not payable to my spouse will be paid to my beneficiary.

I reserve the right to revoke the designation of my beneficiary and the designation of my spouse at any time. I acknowledge that all designations remain in effect until they are revoked in writing and received by my employer, subject to the applicable legislation.

Dated at _____ this _____ day of _____ 20_____.

MEMBER'S SIGNATURE

SIGNATURE OF WITNESS

EMPLOYER SIGNATURE

DATE