

PENSION ENROLLMENT FORM

Canadian Forces Non-Public Funds (NPF) Pension Plan

OSFI # 55228, CRA # 0277954

(Registered under the Pension Benefits Standards Act, R.S. 1985, c. 32 (2nd Supp.))

** Please use blue pen

Mr. Mrs. Ms. Miss.									Employee #			
Last			First			Initial						
Complete Mailing Address						Gender			Social Insurance Number			
Street:						Province:			<input type="checkbox"/> Female <input type="checkbox"/> Male			
City:						Postal Code:						
Date of Birth			Date of F/T Employment			Date of Enrollment			Normal Date of Retirement (Age 65)			
M	D	Y	M	D	Y	M	D	Y	M	D 01	Y	
Marital Status				Documentation Provided			Base/Wing		Employee Status		Language	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law		<input type="checkbox"/> Separated <input type="checkbox"/> Divorced		<input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License					<input type="checkbox"/> Full-time <input type="checkbox"/> Full-time temp <input type="checkbox"/> Part-time		<input type="checkbox"/> English <input type="checkbox"/> French	

Beneficiary: If the named Beneficiary (ies) predecease(s) me and no other beneficiary has been appointed such proceeds shall be payable to my Estate. I reserve the right to change the Beneficiary from time to time, subject always to the provisions of any law or governmental regulation governing the Designation of Beneficiaries which may apply.

EE Initials

According to federal law, your spouse/common law partner must be appointed beneficiary.

Therefore, I appoint as my beneficiary to receive any payment in accordance with the plan that may fall due after my death:

1.	Name:	Street Address:	City/Province:	Postal Code:
	Date of Birth:	Telephone:	Relationship:	Gender:
			Social Insurance #:	Percentage:

2.	Name:	Street Address:	City/Province:	Postal Code:
	Date of Birth:	Telephone:	Relationship:	Gender:
			Social Insurance #:	Percentage:

DECLARATION APPOINTING TRUSTEE

**Please appoint a Trustee if the Beneficiary is under 18 years of age.

Trustee:	Telephone:
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I agree to the provisions of the pension plan as set out in the booklet provided to me, and hereby apply for membership in the plan. I authorize the Employer to make the required deductions from my earnings each pay period.

Signature of pension plan member	Date
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Signature of witness	Printed name	Date
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Distribution: Original to Comp, Pen & Ben Section (for HQ file); copy to employee's personal file at base/wing