

CANADIAN FORCES NON-PUBLIC FUNDS (NPF) EMPLOYEES' PENSION PLAN

Mr. Mrs. Ms. Miss.						EMPLOYEE # (PENSION #)								
Last			First			Initial								
COMPLETE MAILING ADDRESS						GENDER			SOCIAL INSURANCE NUMBER					
						<input type="checkbox"/> Female <input type="checkbox"/> Male								
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	Y			
									01					
MARITAL STATUS			DOCUMENTATION PROVIDED			BASE/WING/UNIT			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"/> Full-time seasonal <input type="checkbox"/> Full-time temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			<input type="checkbox"/> English <input type="checkbox"/> French		

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

	Beneficiary Name	Date of Birth mm/dd/yyyy	Telephone	Relationship	Percentage
1.					
2.					
3.					

DECLARATION APPOINTING TRUSTEE

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

TRUSTEE	Telephone
Last Name _____ First Name _____	

If the above-named Beneficiary predeceases 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.

Signature of pension plan member	Date
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Signature of witness	Date
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Distribution: Original to CFPSA PBA (for HQ file); Copy to employee's personal file at base/wing/unit.