

# ELCIC Group Services Inc.

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## PENSION PLAN ENROLLMENT FORM

Canada Revenue Agency Registration No. 0533240  
 Alberta Employment Pension Plans Act Registration No. 45607

### Member Information:

Name:	<i>Last</i>	<i>First</i>	<i>Initial</i>	Member Number: <i>(if known)</i>	
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### Beneficiary Appointment

**(A member must designate a beneficiary to receive any benefits payable under the pension plan in the event of the member's death if the member is not survived by a spouse or if the spouse has waived any entitlement to benefits otherwise automatically payable to the spouse. If a member does not validly designate a beneficiary or if the beneficiary predeceases the member and no subsequent designation is made, the member's estate shall be the beneficiary.)**

Last Name	First Name	Birth Date: <i>(d/m/y)</i> <i>(If minor, complete Trustee Appointment)</i>	Address <i>(If different from member)</i>	Relationship	S.I.N.	% Share*

*If more space is required, provide information on reverse.*

*\* (Must equal 100%)*

### Trustee Appointment for Minors

\_\_\_\_\_, of \_\_\_\_\_  
*First, Initial, Last Name Relationship Address*

if living, shall be and is hereby appointed trustee to receive and disburse any monies payable hereunder to such child(ren) aforesaid during minority, or failing such trustee, to the duly appointed guardian of such minor child(ren) as trustee. Payment so made to said trustee shall discharge the payer to the extent of such payment.

### Waiver (Only applicable for lay employees working less than 30 hours per week, excluding Manitoba residents)

**I understand that I am eligible to participate in the ELCIC Pension Plan, however, at this time, I am choosing not to enroll.**

**I understand that although I am not enrolling in the pension plan at this time, I maintain my eligibility and may join at a later date, however once I join I am not able to withdraw while employed.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Day Month Year*

### Authorization

**I certify that all information contained hereon is correct. I authorize my employer to deduct from my earnings the contributions required for participation in the Pension Plan for the Clergy and Lay Workers of the Evangelical Lutheran Church in Canada.**

**I consent to the information provided here being collected, used and disclosed by ELCIC Group Services Inc. (GSI) for purposes of activities related to the efficient administration of my entitlements under the pension plan. I consent to GSI disclosing and/or obtaining information to and from its agents and services providers, including, but not limited to administrators and pension consultants.**

**I hereby authorize the use of my Social Insurance Number for tax reporting, identification and administration of my pension.**

**I understand that I have the right to access the personal information in my file, and if necessary, correct any inaccurate information.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Day Month Year*

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Day Month Year*

Title of Signer \_\_\_\_\_