

ELCIC Group Services Inc.

805-177 Lombard Ave. Winnipeg, MB R3B 0W5

T: 204-984-9181 **F:** 204-984-9179 **Toll Free:** 1-877-ELCICGS (352-4247) **Email:** info@elcicgsi.ca **Website:** www.elcicgsi.ca

ELCIC PENSION PLAN ENROLLMENT and BENEFICIARY APPOINTMENT FORM

Canada Revenue Agency Registration No. 0533240

The ELCIC Pension Plan (the "Plan") is a Defined Contribution Plan, which means that the plan requires a specific contribution amount, expressed as a % of salary, to be saved for retirement each month. Those contributions will be accumulated in your individual account and invested according to the Statement of Investment Policies & Procedures. Investment results are credited to individual accounts monthly. This account will ultimately be used to create an income in retirement.

Member Information:

Name:	<i>Last</i>	<i>First</i>	<i>Initial</i>	Member Number: (if known)
-------	-------------	--------------	----------------	------------------------------

A member must designate a beneficiary to receive any benefits payable under the 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.

Beneficiary Appointment

Must be a Canadian resident at time of payment, otherwise benefit amount will be paid to member's estate.

Last Name	First Name	Birth Date: (d/m/y) (If minor, complete Trustee Appointment)	Address (If different from member)	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.

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 ELCIC Pension Plan.

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 _____