

QUINTE ST. LAWRENCE ELECTRICAL WORKERS PENSION TRUST FUND
Registration #391672

PENSION PLAN ENROLMENT FORM

Please print clearly and complete the form in full, in INK. Section 1 is to be completed by the Plan Administrator.

1. Plan Sponsor Section

This section to be completed by the Plan Administrator

Plan # 391672
Date of Plan Membership _____
Date of Plan Termination _____

2. Plan Member Information

This section must be completed in full by the Plan Member.

Please print clearly, in INK.

If you have a former spouse please complete the "Marital Status Declaration Form" so that we may determine if there are any spousal entitlements allocated to said former spouse

Plan Member Name (print): _____
last first initial

Gender: M or F (Circle one) Date of Birth: _____

Member's SIN _____

Plan Member Mailing Address:

Street: _____

City: _____ Province _____ Postal Code _____

Do You Have a Spouse (Married or Common-Law): Yes or No (Circle one)

If yes, please complete the following:

Name of Spouse: _____ Gender: M or F (Circle one)

Spouse's Date of Birth: _____

Spouse's SIN _____ Date of Marriage or Common-Law _____

3. Beneficiary Designation

This section must be completed in full by the Plan Member.

This section must be completed to designate a beneficiary for your pension death benefit, if applicable.

Please print clearly, in INK.

The original of this form is required by the Administrator.

Any corrections must be crossed out and initialled by the plan member.

Revocable Beneficiary Designation

Beneficiary Name(s)	Relationship to plan member	Percent Allocated
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last name first name initial	_____	_____
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last name first name initial	_____	_____
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last name first name initial	_____	_____
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To be divided as follows: as per the percentages indicated above, or
 in equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to QSLEW Trust Fund Administrator.

Authorizations and Declarations

This section must be completed in full by the plan member.

Authorizations and Declarations

I certify that the information given is true, correct and complete to the best of my knowledge.

Plan Member Signature: _____ Date: _____

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