

## PENSION PLAN ENROLLMENT FORM

*Please Print Clearly*

Plan Name	<u>TEAMSTERS / R.W.D.S.U. GENERAL WORKERS PENSION PLAN</u>		
Employer	_____		
Member Name	_____	_____	
	Last	First	
Home Address	_____		
	Apartment# - Street		
	_____	_____	_____
	City	Province	Postal Code
Phone Number	_____	Sex:	Male    Female    Other
Email Address	_____	Date of Birth	_____/_____/_____ Day                  Month                  Year
Date of Employment	_____/_____/_____ Day                  Month                  Year	Date of Plan Entry	_____/_____/_____ Day                  Month                  Year
SIN	_____	Province of Employment	<u>Saskatchewan</u>

I certify that the information provided on this form is correct. I hereby apply for membership in the Pension Plan for which I am eligible and agree to be bound by its terms and conditions.

MEMBER SIGNATURE	NAME OF WITNESS
_____	_____
DATE      day/mo/yr	WITNESS SIGNATURE
_____	_____
	DATE      day/mo/yr
	_____

**Complete Beneficiary Designation form with enrollment form**

*for office use only:*

_____	beneficiary	_____	booklet mailed
system updated	designation received		
day/mo/yr	day/mo/yr	day/mo/yr	