

## PENSION PLAN ENROLLMENT FORM

*Please Print Clearly*

Plan Name TEAMSTERS PRAIRIE PROVINCES PENSION PLAN

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Plan Entry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Day

Month

Year

Day

Month

Year

SIN \_\_\_\_\_ Province of Employment \_\_\_\_\_

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:*

\_\_\_\_\_ system updated \_\_\_\_\_ beneficiary designation received \_\_\_\_\_ booklet mailed \_\_\_\_\_  
day/mo/yr day/mo/yr day/mo/yr