



# APPLICATION FOR ENROLLMENT

1. PLAN MEMBER to complete Section A in full. Signature to be witnessed by employer.
2. EMPLOYER to complete Section B in full. Upon completion, this form is to be mailed or faxed by employer to the Capital Pension & Benefits Administration.
3. EMPLOYER to provide a photocopy of the completed form to the PLAN MEMBER.

## SECTION A: MEMBER INFORMATION

(to be completed in full and signed by the employee)

Social Insurance Number	Surname	First Name and Initial	Date of Birth			Gender
			Day	Month	Year	Male   Female
Street Address		City	Province	Postal Code	Phone Number	Email Address
Marital Status	Name of Spouse (if applicable)				Spouse's Date of Birth (if applicable)	
Single   Married   Common-law					Day	Month   Year

### Beneficiary Designations

**IMPORTANT NOTE:** If you have a married or common law spouse, as defined under the applicable pension legislation, your spouse may be entitled to 100% of any survivor benefit payable under this Plan, regardless of whom you have designated as your beneficiary(ies).

Beneficiary Surname	First Name	Date of Birth	Relationship	Portion %
		Day   Month   Year		
		Day   Month   Year		
		Day   Month   Year		
		Day   Month   Year		

**100%**

**Privacy Policy:** Information collected by the Capital Pension Plan shall be used and disclosed for the provision of benefits available from the Plan and compliance with applicable legislation. The provision of information constitutes consent for the above purposes. Please see reverse for further information.

**I hereby apply for enrollment in the Capital Pension Plan and declare that the information provided above is true to the best of my knowledge. I authorize my employer to make the required deductions from my earnings and remit same to the Capital Pension Plan.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date (Day | Month | Year)

\_\_\_\_\_  
Signature of Witness to Employee's Signature

## SECTION B: EMPLOYER INFORMATION AND AUTHORIZATION

Province of Employment:  Saskatchewan  Other (please specify) \_\_\_\_\_  
(e.g. British Columbia, Alberta, Ontario, etc.)

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Division Number

\_\_\_\_\_  
Employment Start Date (Day | Month | Year)

\_\_\_\_\_  
Printed Name of Authorized Employer Representative

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Effective Date of Enrollment in Pension Plan (Day | Month | Year)

\_\_\_\_\_  
Signature of Authorized Employer Representative

\_\_\_\_\_  
Date (Day | Month | Year)

## APPLICATION FOR ENROLLMENT

Once you enroll, you remain a member until you terminate employment with your employer.

You become **vested and locked-in** after completing 2 years of continuous employment with a participating employer (unless your employer has established a vesting period of less than 2 years). Once you become vested, you are entitled to receive the employer contributions made on your behalf, and your Capital Pension Plan equity must be used to provide income at retirement (locked-in). Once you are vested and locked-in, you are no longer eligible to receive a cash refund of your contributions if you terminate employment.

**Privacy Policy:** The Capital Pension Plan is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Information collected by the Capital Pension Plan shall be used and disclosed for the provision of pension benefits at retirement, termination benefits in the event of termination of employment, survivor benefits in the event of your death and compliance with applicable provincial and federal legislation. The provision of the requested information constitutes consent for the above stated purposes. Further information can be obtained by contacting the Plan directly.

### SECTION A: MEMBER INFORMATION

(to be completed in full and signed by the employee)

The information you provide in the “Member Information” section will be kept on file with the Capital Pension Plan. If there are any changes to this information (i.e. your mailing address or your marital status changes), please complete a “**Change in Member Data**” form. (available on our website at [www.capitalpension.com](http://www.capitalpension.com) and forwarding it to the Capital Pension Plan at our address below.

#### Marital Status

According to clause 2(1)FF of the Saskatchewan *Pension Benefits Act, 1992*, a spouse is:

- a) A person who is married to a member; or
- b) If a member is not married, a person with whom the member is cohabiting as spouses at the relevant time and who has been cohabiting continuously with the member for at least one year prior to the relevant time.

For the purpose of this form, the “relevant time” refers to the date in which this Application for Enrollment is completed and signed by the employee.

#### Beneficiary Designations

In the event of your death, your beneficiary(ies) are entitled to receive survivor benefits from the Capital Pension Plan.

Under the provisions of the Saskatchewan *Pension Benefits Act, 1992*, your spouse is automatically your beneficiary. You may designate one or more alternate beneficiary(ies) in the event your spouse pre-deceases you. You may allocate a portion of your Capital Pension Plan equity to each alternate beneficiary.

If you **do not have a spouse**, you may designate one or more beneficiary(ies). You may allocate a portion of your Capital Pension Plan equity to each beneficiary.

If you designate a **minor as beneficiary** (i.e. someone under the age of 18 years), it is a good idea to appoint a trustee in your Will.

### SECTION B: EMPLOYER INFORMATION AND AUTHORIZATION

This section is completed by your employer.

Contact the Capital Pension Plan at:

**Capital Pension Plan**  
**1170-1801 Hamilton Street**  
**Regina, SK S4P 4B4**

**Phone: 1-866-961-4377 (toll-free) or (306) 787-5918 FAX: (306) 787-5798**  
**Visit our website at: [www.capitalpension.com](http://www.capitalpension.com)**