

Application for Membership

Manitoba School Boards Association Pension Plan for
 Non-Teaching Employees of Public School Boards in Manitoba

CRA Registration No. 0311118

APPLICANT INFORMATION				
School Division		Social Insurance Number (SIN)		
Last Name		First Name	Initial	
Mailing Address		City	Province	Postal Code
Date of Birth <small>YYYY MM DD</small>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____		Date of Employment <small>YYYY MM DD</small>	Date of Plan Entry <small>YYYY MM DD</small>
Phone Number		E-mail Address		
I am or was previously employed with another School Division: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Another/Previous School Division		Date of Termination <small>YYYY MM DD</small>		
MARITAL STATUS				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law	Date of Marriage/Co-habitation <small>YYYY MM DD</small>	CL Partner/Spouse Date of Birth <small>YYYY MM DD</small>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____	
CL Partner/Spouse Last Name		CL Partner/Spouse First Name		Initial
<p>“Spouse” means the person who is married to the member or former member, and “spouses” means two persons who are married to each other.</p> <p>“Common-law Partner/CL Partner” means –</p> <ol style="list-style-type: none"> 1) a person who, with the member or former member, registered a common-law relationship under <i>section 13.1 of The Vital Statistics Act</i>, or 2) a person who, not being married to the member or former member, cohabited with him or her in a conjugal relationship <ol style="list-style-type: none"> a. for a period of at least three years, if either of them is married, or b. for a period of at least one year, if neither or them is married. 				
BENEFICIARY INFORMATION				
<p>The spouse or common-law partner will automatically be the primary beneficiary, unless a prescribed waiver is signed. The benefit will be paid to the designated beneficiary(ies) named below as indicated by percentage. If percentages are not provided, the benefit will be divided equally among the designated beneficiary(ies).</p> <p>If you do not designate a beneficiary(ies), and you do not have a spouse or common-law partner, the pension entitlement payable upon your death will be paid to your Estate.</p> <p><i>I hereby appoint the following person(s) as revocable beneficiary(ies) of any benefits payable upon my death under the pension plan.</i></p>				
PRIMARY BENEFICIARY(IES)				
Last Name	First Name	Date of Birth <small>YYYY MM DD</small>	Relationship	Percent (%) Allocated
		<small>YYYY MM DD</small>		
		<small>YYYY MM DD</small>		
				Total: 100%
PLEASE COMPLETE AND SIGN REVERSE PAGE				

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CONTINGENT BENEFICIARY(IES)				
If all the primary beneficiary(ies) pass away prior to my death, the pension benefit entitlement payable upon my death will be paid to the following contingent beneficiary(ies):				
Last Name	First Name	Date of Birth	Relationship	Percent (%) Allocated
		YYYY MM DD		
		YYYY MM DD		
		YYYY MM DD		
		YYYY MM DD		
				Total: 100%
TRUSTEE APPOINTMENT (if applicable)				
This section is to be completed if any designated beneficiary(ies) is/are under the age of the majority or lack legal capacity. <i>I hereby appoint the following person as Trustee to receive and hold in Trust, on behalf of my beneficiary, any amount due to any beneficiary under the age of the majority or who lacks legal capacity (at the time payment is payable). I declare that the receipt of payment by such Trustee shall be sufficient discharge to the Board of Trustees, the Pension Plan, Trust Fund or Ellement Consulting Group LP from any further liability.</i>				
Name of Trustee			Relationship	
AUTHORIZATION				
I hereby apply for membership in the above-named pension plan and agree to the provision thereof. I authorize the School Boards to make the required deduction from my earnings (as defined by the terms of the Pension Plan) each pay period. I hereby authorize my employer, plan administrator, and/or trust company to record and communicate information on this form for the sole purpose of recordkeeping, pension plan administration, and pension benefits. I hereby confirm that the above information is correct.				

 Signature of Member

 Date (YYYY MM DD)