

**RETIREMENT PLAN FOR EMPLOYEES OF FRONTIER SCHOOL DIVISION  
MEMBERSHIP ENROLLMENT FORM**

Name of Plan: GP 12109 Name of Employer: Frontier School Division

Name of Member: \_\_\_\_\_ S.I.N. \_\_\_\_\_  
(last) (first) (other)

**Term or Part-Time or Casual employees** who have not met the 25% Yearly Maximum Pensionable Earnings, but met the eligibility requirements. **Please check one.**

**Yes**, I want to join the plan (Please complete form)

**No**, I do not wish to join the plan ( \_\_\_\_\_ )  
Signature date

By completing this form, I hereby apply for registration in the above named Pension Plan and authorize my employer to deduct from my earnings the contributions, if any required by the Plan.

Date of Birth: \_\_\_\_\_ Date of Employment \_\_\_\_\_ Date of Entry: \_\_\_\_\_  
month/day/year month/day/year month/day/year

Sex: M\_\_ F\_\_ Province of Employment – **MANITOBA** Employee Number: \_\_\_\_\_

**I hereby designate that any benefits that become payable to a named Beneficiary shall be paid to:**

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary's Date of Birth: \_\_\_\_\_ OR ESTATE

**Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

N.B. Manitoba legislation stipulates that if the plan member has a spouse (legal or common law), the spouse must be the beneficiary.

**DECLARATION OF MARITAL STATUS**

I, being a Member of the Plan, hereby declare that at date of this Declaration (check one of the following):

- \_\_\_\_\_ 1. I do NOT have a spouse  
\_\_\_\_\_ 2. I have a spouse, that spouse being:

Spouse's Name: \_\_\_\_\_ Spouse's S.I.N. \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Sex: \_\_\_\_\_

The above named spouse is my (check one of the following):

- \_\_\_\_\_ a. legal spouse \_\_\_\_\_ b. common-law spouse

If the terms of the Plan or Pension Legislation require, I understand that my legal spouse or common-law spouse will be my primary Beneficiary.

**Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Once having become a Member of the Plan, a Member may not withdraw from the Plan while employed by the Division.**

**Please return to Human Resources Department at the Division Office along with a copy of your Birth Certificate**