

# Pension Enrolment

## INSTRUCTIONS

1. Complete sections 1 through 5 if applicable.
2. Sign and date the form (section 7).
3. All crossed out changes must be initialed.
4. Send original signed form to Coughlin & Associates Ltd. for processing. Retain a copy for your files.

1. Plan Member Information			
Union or plan name			
Member last name		Member first name	
		Member middle initial	
Mailing address		City	Province
		Postal code	
Email address		Home telephone	Cell telephone
Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	Social Insurance Number
<b>Marital status</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married		Provide effective date of marital status (yyyy/mm/dd)	If common-law, confirm date of co-habitation (yyyy/mm/dd)

2. Spouse/Common-law Information		
Last name		First name
Date of birth (yyyy/mm/dd)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Common-law

3. Pension Beneficiary Information			
<b>Please identify your spouse/common-law as your pension beneficiary, if applicable.</b> Under pension legislation, your spouse (or common-law, if they fulfill the legal common-law definition) is automatically the designated beneficiary unless your spouse completes a government form waiving this benefit.			
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage %
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage %
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage %
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage %
			<b>TOTAL 100%</b>

4. Contingent Beneficiary Information			
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage %
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage %
			<b>TOTAL 100%</b>

5. Trustee Appointment
Complete this section if any designated beneficiary(ies) is/are under the age of majority or lack legal capacity. This section is not applicable to Quebec residents where appointments are governed by the Quebec Civil Code. I appoint _____ as Trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release Coughlin & Associates Ltd., the plan sponsor, and the insurance company from any further liability.

## 6. Other Information

You will be enrolled in the pension trust fund once you satisfy the eligibility criteria defined in your group plan pension booklet.

## 7. Agreement and Authorization to Collect, Use, and Disclose Personal Information

**Agreement and Authorization.** By signing this form:

- (1) You are applying for membership in the plan sponsor's pension plan ("Pension Plan"). You authorize the required deductions from your salary or wages for any contribution you must make in accordance with the provisions of the Pension Plan.
- (2) You authorize us, Coughlin & Associates Ltd. ("Plan Administrator"), a People Corporation company, to use and disclose the information you provide in this form as described below. You also agree to notify us immediately of any changes to the information you provide in this form.
- (3) You certify that the information you have provided is true, correct, and complete to the best of your knowledge and you certify that, if you have provided information about a spouse, beneficiary, or trustee, you are authorized to provide such information. You agree that a photocopy or electronic copy of your signed form is as valid as the original.

**Government Required Reporting.** We use Social Insurance Numbers only for the purpose of government required reporting.

**Use of personal information.**

- (1) We use and disclose your plan member information to:
  - (a) Administer the Pension Plan and your participation in the Pension Plan, and comply with regulatory requirements, and for analytical purposes.
  - (b) Verify your identity and conduct searches to locate you, your spouse, or your beneficiaries.
  - (c) Respond to questions about the Pension Plan, and Pension Plan benefits.
- (2) We use and disclose date of birth and gender information for actuarial valuation of the Pension Plan and benefits, and when necessary to verify identity.
- (3) Information about your spouse is required because applicable pension legislation may require that any death benefit under the Pension Plan be paid to your spouse at the time of your death.

As long as you are participating in the Pension Plan and it is administered by us, you may not withdraw your consent to use the SINS and other required information.

**Use of optional personal information.** If you provide any of the information described below, you may withdraw your consent for us to use and disclose this information by sending your request in writing to the Plan Administrator at the address at the top of this form, or to our Privacy Officer using the privacy officer contact information below.

1. If you provide beneficiary information, any benefits paid on your death that are not required to be paid to your spouse, will be paid to the specified beneficiaries. If you do not provide the beneficiary information, the death benefits will be paid to your estate.
2. If you designate a beneficiary who is under the age of 18, and this beneficiary becomes entitled to receive a benefit under these Plans upon your death, then we will pay this benefit in trust to the trustee you identify.

**Disclosing personal information.** The information provided in this form may be disclosed, when necessary, to:

1. Our and our affiliates' employees, contractors, and professional advisors who require the information to perform their duties related to the uses of personal information described above.
2. Service providers we retain to assist us with our obligations related to the Pension Plan, which may include security of information, data processing, backup and programming, mailing, and people locating. Service providers may be located within or outside of Canada and the information may be subject to disclosure to government authorities.
3. Persons you authorize to access this information.
4. Persons legally authorized to view this information.
5. Government agencies, actuaries, insurance companies and their service providers, your employer, and Pension Plan trustees and union, if applicable, and auditors.

**Optional Communications**

- By checking this box, you consent to receive electronic communications about our other products and services or products and services of our affiliates and service providers.

Member signature	Date (yyyy/mm/dd)
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**Protecting your personal information.** We recognize and respect your right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our facilities or in the facilities of an organization that we authorize. We limit access to information in your file to our personnel or other persons we authorize, who require the information to perform their duties with respect to these Plans, to persons to whom you have granted access, and to persons authorized by law. If you require more detail about how we protect your personal information or the other persons to whom we disclose your personal information, you may access our Privacy Policy at <https://www.peoplecorporation.com/en-ca/privacy> or contact our privacy officer by mail sent to Coughlin & Associates Ltd., 1403 Kenaston Blvd., Winnipeg, MB, R3P 2T5, or by email sent to [privacy.officer@peoplecorporation.com](mailto:privacy.officer@peoplecorporation.com).

Mail completed form to:  
Coughlin & Associates Ltd.  
P.O. Box 764  
Winnipeg, MB R3C 2L4