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For official use only:		
Company #	EMPLOYEE	
, ,	ENROLLMENT	
Member #		

Mr Mrs 1			
	Miss Other		
Name	First Name	Middle	• Name
Passport Number		_ please attach a copy of t	he photo page of your passport
Country of Birth		_ Are you a US citize	en Yes No
Immigration Status		_ Email	
	Address PO Box Mobile	Postal Code	
Married Yes No	Spouse's Name	Date of B	irth/_/ DD MM YR
Company Name			
Employment Full tim	e Part time S	tart date / /	YR
Effective start date with Cha	mber Pension Plan (for official u	se only) / / DD MM	YR
	med below as my beneficiary(ies) for pu f I have a spouse on my date of death. Th		
Last Name	First Name Date	e of Birth	Relationship
Last Name	First Name Date	e of Birth	Relationship
Last Name	First Name Date	e of Birth	Relationship
Last Name	First Name Date	e of Birth	Relationship

Allocation of Additional Voluntary Contributions

AVCs can be invested in any of the Lifecycle Funds offered by the Chamber Pension Plan. I hereby request that my additional voluntary contributions be allocated as follows:

Fund Name	\$ of AVC Contribution
2030	
2040	
2050	
2060	
Income Growth	
Income Conservative	

Selecting a More Conservative Fund or Reallocation of Existing Shares

- 1) You may choose to invest in a more conservative fund offered by the Chamber Pension Plan by completing the section below indicating the name of the fund (Example: Income Conservative Fund) or
- 2) You may move all or a portion of your existing units by completing the table below (Example 100% Redeem 2035 Purchase 2015)

Fund Name	Amount (\$ or shares)
Redeem	
Purchase	
Redeem	
Purchase	
Redeem	
Purchase	

If you do not provide investment instructions, your AVCs will be invested in the same fund as your basic contributions. I understand that:

- $\bullet \text{ The investment instructions provided on this form will apply until such time as I complete, sign and submit a new form \\$
- My employer is under no obligation to make or match AVCs
- AVCs (or related earnings) cannot be withdrawn any earlier than permitted by law

If you have any questions about how to allocate your AVCs, refer to the Chamber Pension Plan Lifecycle Funds Brochure or contact the Chamber Pension Plan directly.

Signature	Date
(as appears on passport)	