



CHAMBER PENSION PLAN Employee Enrollment Form

For official use only:

Company # _____

Member # _____

Mr Mrs Miss Other Existing Member # _____

Name _____
Last Name First Name Middle Name

Passport Number _____ please attach a copy of the photo page of your passport

Country of Birth _____ Are you a US citizen Yes No

Immigration Status _____ Email _____

Date of Birth _____ Address _____
DD / MM / YYYY PO Box Postal Code District

Telephone _____ Mobile _____

Married Yes No Spouse's Name _____ Date of Birth _____
DD / MM / YYYY

Company Name _____

Employment Full time Part time Start date _____
DD / MM / YYYY

Effective start date with Chamber Pension Plan (for official use only) _____
DD / MM / YYYY

BENEFICIARY DESIGNATION

I hereby designate the person(s) named below as my beneficiary(ies) for purposes of the Chamber Pension Plan. I acknowledge that this designation will have no effect if I have a spouse on my date of death. This designation revokes any prior beneficiary designations, for the Chamber Pension Plan, made by me unless applicable to a spouse or civil partner.

Last Name	First Name	<small>DD / MM / YYYY</small> Date of Birth	Relationship

Additional Voluntary Contributions Investment Instructions

Additional Voluntary (AVC) contributions can be made by payroll deductions (if your employer allows). If you wish to make AVCs (or change the level of AVCs you currently make via payroll deductions), please check the box below and enter the amount of your contribution.

I wish to make AVCs through payroll deductions. I have advised my employer of the dollar amount I wish to have deducted from my payroll.



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) I 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) I may move all or a portion of your existing units by completing the table below (Example 100% Redeem 2040 Purchase Income Growth Fund)

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

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

- 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 most recent Fund Fact Sheet or contact the Chamber Pension Plan directly.

Signature _____
(as appears on passport)

Date _____
DD / MM / YYYY

