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# *Pension Plan Enrolment*

Plan Name Newfoundland and Labrador Municipal Employee Benefits Inc. Pension Plan  
Registration Number 075097(NL), 0588483(CRA)  
Employer (Town) \_\_\_\_\_

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## ***Member Information*** (Please Print)

Employee Name \_\_\_\_\_  
Last First Initial

Gender  Male  Female Date of Birth \_\_\_\_\_  
Day/Month/Year

Date of Employment \_\_\_\_\_ Date of Plan Entry \_\_\_\_\_  
Day/Month/Year Day/Month/Year

Employee Number \_\_\_\_\_ SIN \_\_\_\_\_

Plan Option \_\_\_\_\_ Language Preference  English  French

Proof of Age Submitted  Yes  No

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I understand and agree to the provisions of my employer's pension plan as set out in the plan text, summary or booklet given to me, and apply for membership in the plan. I certify that the information provided on this form is correct.

I authorize my employer to make the required deductions from my earnings each pay period (in accordance with the terms and conditions of the plan).

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employer Representative (Please Print)

***Also complete a "Spouse or Cohabiting Partner & Beneficiary Designation" form upon enrolment.***

***To Employee:*** Please return this form duly signed to your Employer

***To Employer:*** Please send a copy to: Mercer (Canada) Limited  
1801 Hollis Street, Suite 1300  
Halifax, Nova Scotia B3J 3N4