



Pension Plan Enrolment

Plan Name: Newfoundland and Labrador Municipal Employee Benefits Inc. Pension Plan

Registration Number: 075097(NL), 0588483(CRA)

Employer (Town): _____

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

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