

NEW MEMBER INFORMATION FORM



Pension Plan for General Labour, Trades & Services Employees of New Brunswick School Districts
Pension Plan for Full-Time CUPE 2745 Employees of New Brunswick School Districts

Section 1 - Employer Information

School District: _____

Section 2 - Employee Information - Please indicate name at the top of page 2 as well.

First Name: _____ Last Name: _____

Mailing Address: _____

Home Address (if different from mailing address): _____

Plan: Pension Plan for General Labour, Trades & Services Employees of New Brunswick School Districts (GLT&S)
 Pension Plan for Full-Time CUPE 2745 Employees of New Brunswick School Districts (CUPE 2745)

SIN (optional) _____ / _____ / _____ Vestcor Reference Number: _____ **OR** Employee ID Number: _____

Date of Hire: _____ / _____ / _____ Language Preference: English French
Day Month Year

Date of Membership: _____ / _____ / _____ Date of Birth: _____ / _____ / _____
Day Month Year Day Month Year

Salary Rates as at Date of Membership* \$ _____ Pay Period Classification: _____ (26, 20.5, or 19.5)

* Please include vacation pay for 10 month CUPE 1253 employees

Section 3 - Beneficiary Information

In accordance with the terms and conditions of the pension plan mentioned above, I revoke all previous designations of beneficiaries made by me and I hereby appoint the individual(s) named in the Beneficiary Information section below as beneficiary (beneficiaries) entitled to receive the proceeds arising under the said Plan by reason of my death when they become due.

For additional information regarding these waivers and when they are necessary, please contact Vestcor or visit Vestcor's website (see the contact information at the bottom of page 2).

Percentages must total 100% to be valid. For example, if you include three beneficiaries and wish to provide them with equal shares, two must receive 33.33% and one 33.34%, to ensure the total is 100%.

Name: _____ Address: _____

Date of Birth (DD-MM-YYYY): _____ Relationship: _____ Percentage: _____ %

Name: _____ Address: _____

Date of Birth (DD-MM-YYYY): _____ Relationship: _____ Percentage: _____ %

Space for additional beneficiaries is available on page 2

IMPORTANT! Complete Page 2.

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Employee First Name: _____ Employee Last Name: _____

Section 3 - Beneficiary Information (Continued)

Name: _____ Address: _____
Date of Birth (DD-MM-YYYY): _____ Relationship: _____ Percentage: _____ %

Name: _____ Address: _____
Date of Birth (DD-MM-YYYY): _____ Relationship: _____ Percentage: _____ %

If any beneficiary named above dies before me, the interest of such beneficiary (if any) shall, unless otherwise provided above, accrue to the surviving beneficiaries equally or, if none, to my estate.

I reserve the right to revoke the appointment of any beneficiary designated by me hereunder at any time.

Section 4 - Trustee for Minor Beneficiary

In most cases the Plan (GLT&S and/or CUPE 2745) cannot make a payment directly to someone who is a minor (i.e., a person under the age of majority in that province/territory). If you are naming a minor as a beneficiary, you may name a trustee to hold the funds in trust until that beneficiary reaches the age of majority. The naming of a trustee is optional. The person named as trustee must be at least 19 years of age and otherwise eligible to be a trustee. The trust and designation of the trustee are also subject to any applicable laws in effect at the relevant times. Payment to the trustee will discharge the Plan (GLT&S and/or CUPE 2745) and Vestcor to the extent of such payment.

If a trustee has not been designated, or if the trustee designation is invalid or inapplicable, any benefit payable to a minor will be paid to the minor's property guardian or the appropriate public authority (as applicable).

I hereby appoint the individual named below as trustee to receive and hold in trust any benefit payable to a beneficiary who is a minor at the time of the payment:

Name: _____ Address: _____
Date of Birth (DD-MM-YYYY): _____ Relationship: _____

Section 5 - Authorization

I understand that my employer will deduct from my earnings any contributions required under the said Plan.

PRIVACY CONSENT: *The personal information collected on this form will be used by Vestcor to: identify the employee, employer, and any named beneficiary and trustee; determine language preference; set up the employee for plan membership; assist in determining who may be eligible to receive the survivor benefit; contact the employee, employer, beneficiaries and/or trustee as necessary; and ultimately ensure that the pension plan is administered in accordance with the pension plan's governing documents and applicable legislation. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at info@vestcor.org. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.*

AUTHORIZATION: *I certify that the information above is accurate.*

Signature of Member: _____ Date: _____ / _____ / _____
Day Month Year

Signature of Employer: _____ Date: _____ / _____ / _____
Day Month Year

Please return completed form as soon as possible to:
Vestcor
P.O. Box 6000, Fredericton, NB E3B 5H1
Fax: 506-457-7388

For more information, please contact Vestcor at:
Telephone: 506-453-2296 or 1-800-561-4012 (toll free)
Email: info@vestcor.org
Website: vestcor.org