

**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**

**APPLICATION FOR MEMBERSHIP**

EMPLOYER INFORMATION		
SCHOOL DISTRICT:		
EMPLOYEE INFORMATION		
NAME		SOCIAL INSURANCE NO. - -
PLAN: <input type="checkbox"/> GLT&S <input type="checkbox"/> CUPE 2745	LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> French	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH ____/____/____ Year Month Day	DATE HIRED (to FULL TIME POSITION) ____/____/____ Year Month Day	DATE OF MEMBERSHIP ____/____/____ Year Month Day
Salary Rate as at Date of Membership* \$ _____ Pay Period Classification: _____ (26, 20.5 or 19.5)		
* Please include vacation pay for 10 month CUPE 1253 employees		
With full knowledge of my rights and duties under the Plan, I hereby apply for membership in the Plan and authorize my employer to deduct from my earnings any contributions required under the Plan.		
I hereby certify that my Social Insurance Number, date of birth and date of employment as shown on this application are correct to the best of my knowledge.		
I hereby appoint the following beneficiary for any amount payable after my death in accordance with the terms of the Plan and I reserve the right to change my appointment of beneficiary so far as it is legally permissible to do so.		
BENEFICIARY INFORMATION		
NAME		
DATE OF BIRTH ____/____/____ Year Month Day	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	RELATIONSHIP
AUTHORIZATION		
I understand that this information is collected for the purposes of administering the above-named pension plan. By participating in this plan, I consent to the collection and use of this information by my employer and its representatives and/or service providers in connection with the administration of the plan.		
SIGNATURE OF APPLICANT		DATE ____/____/____ Year Month Day
SIGNATURE OF SCHOOL DISTRICT OFFICIAL		DATE ____/____/____ Year Month Day