



PENSION PLAN USE ONLY	
PERSON ID	
Municipal Pension Plan PO Box 9460 Victoria BC V8W 9V8	
Location 2995 Jutland Road, Victoria	
Web mpp.pensionsbc.ca	
Victoria	250 953-3000
Vancouver	604 660-5366
Toll-free in BC	1 800 668-6335
Fax	250 953-0421
E-mail	MPP@pensionsbc.ca

INSTRUCTIONS:

- This form is to be completed by an employee who is eligible to contribute under the Municipal Pension Plan Rules (the "Pension Plan"), has previously waived enrolment and now chooses to contribute. (See page 2 for eligibility.)
- Submit a copy of the *Waiver of Pension Coverage* with this form.
- The employee and the employer should each retain a copy of this form for their records.
- This form should not be used for mandatory enrolment.

EMPLOYER NAME VANCOUVER ISLAND UNIVERSITY	EMPLOYER NO. 0642
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EMPLOYEE LAST NAME		EMPLOYEE FIRST NAME	
EMPLOYEE SOCIAL INSURANCE NO.	HIRE DATE YYYY / MM / DD		
SPOUSE LAST NAME	SPOUSE FIRST NAME	SPOUSE DATE OF BIRTH YYYY / MM / DD	SPOUSE SOCIAL INSURANCE NO.

Employee Declaration:

1. I understand that I am eligible to enrol in the pension plan.
2. I have been provided with an explanation or summary of the pension plan, and of the relevant entitlements and obligations under the pension plan.
3. I wish to enrol in the pension plan.
4. By signing this form, I understand that contributions will be deducted from each payment of salary made to me in accordance with the rules of the pension plan.
5. I understand that this election is irrevocable and that I may not terminate my membership in the pension plan, except in accordance with the rules of the pension plan.
6. I understand that by signing below, contributions to the pension plan will not be retroactive in respect of any prior service.
7. I expressly revoke any previous election made by me to waive enrolment in the pension plan.

By signing below, I expressly elect to participate in the pension plan.

EMPLOYEE SIGNATURE	DATE SIGNED (<i>contribution start date</i>) YYYY / MM / DD
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Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Chief Executive Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

RETURN ORIGINAL TO PENSION PLAN

EMPLOYER AND EMPLOYEE MAKE A COPY FOR YOUR RECORDS