

Note: Date format is dd-mmm-yyyy for all date fields

Employer Name

A Member Section – Please fill in your personal information

Last Name		First Name		Initial	Social Insurance Number
Date of Birth	Sex (M/F)	Language Preference	Email Address	Phone Number	
		<input type="checkbox"/> English <input type="checkbox"/> French			
Mailing address					

B Marital status - Your spouse is the person to whom you are legally married or in a common-law relationship. Common-law, for the purposes of the CAAT Pension Plan means a couple that has been living together for at least three years (or less if the couple has children)

☐ Single
 ☐ Married
 ☐ Common-Law
 ☐ Widowed
 ☐ Divorced
 ☐ Separated

Spouse Last Name	Spouse First Name	Sex (M/F)	Spouse date of Birth	Date of marriage/ Start of Common Law

C Pre-retirement death benefit and Designated Beneficiaries – Use this section to name your designated beneficiaries

The CAAT Pension Plan pays a pre-retirement death benefit if you die before you retire. Your designated beneficiaries can only receive the pre-retirement death benefit if you do not have an eligible spouse on the date of your death. You should name as your designated beneficiaries the person or persons who you would like to receive the pre-retirement death benefit in the event that you do not have an eligible spouse on the date of your death. If you do not have an eligible spouse on the date of your death and have not named any designated beneficiaries, the pre-retirement death benefit will be paid to your estate. Nevertheless, if you do not have an eligible spouse, but have eligible children on the date of your death (dependent children, under age 18), they receive a children's pension and the pre-retirement death benefit paid to your designated beneficiaries or estate will be correspondingly reduced.

The CAAT Pension Plan considers your spouse to be the eligible spouse for the pre-retirement death benefit if:

- You and your spouse are living together at the time of your death (in other words, not living "separate and apart"), and
- Your spouse has not waived pre-retirement death benefits.

Please refer to the CAAT Plan's website (www.caatpension.on.ca) for more details on the pre-retirement death benefit, eligible spouse, and waiver.

If you want to name more than 3 beneficiaries, please attach an additional form. The total % share should add to 100%.

Designated Beneficiary Full Name	Date of Birth	Relationship	% Share

D Employment/Membership Status

Are you currently employed at another College or related employer?

☐ No
 ☐ Yes
 If yes, indicate other employer(s):
 Status at other employer
 ☐ Full-time
 ☐ OTRFT/contract

Are you already a member of the CAAT Pension Plan?

☐ No
 ☐ Yes
 If yes, indicate other employer(s):

E Member Signature

I wish to enroll in and become a member of the CAAT Pension Plan

My membership in the Plan is subject to the Plan terms. As a member I may not opt out. During my membership, I am required to contribute to the Plan on all eligible pensionable earnings from all employment with all participating employers. If my employment ends before retirement, my membership in the Plan will continue for 24 months, which limits the payment options that may be available to me during this time. I understand that a summary of the terms of membership, including contribution rates is available on the Plan's website (www.caatpension.on.ca).

I confirm that the information provided on this form is correct. I authorize the Plan and its agents to collect, share and use my personal information as may be needed for the purposes of calculating and paying pension benefits and activities related to the administration of the Plan. Personal information is collected, used and maintained by the Plan in accordance with its privacy policy available at www.caatpension.on.ca.

Member Signature

Date

F Employment Information – this information is to be completed by your employer

Plan design	<input type="checkbox"/> DBplus		
Date of Hire	Enrolment Date	(please note that the employee must be actively employed on the date of enrolment)	Employee Group (if applicable) Indicate the core position held, if more than one
			<input type="checkbox"/> Administration <input type="checkbox"/> Faculty <input type="checkbox"/> Support
Employer representative signature			
Employer HR Representative (Print)	Employer HR Representative Signature	Date	