

The Association of Part-Time Professors of the University of Ottawa (APTPUO) Pension Plan Confirmation of Participation or Exclusion

EMPLOYEE IDENTIFICATION (Please print)

Name, Surname _____ Employee No. _____

SUMMARY

This APTPUO Defined Contribution Registered Pension Plan is optional for all APTPUO employees providing the employee has worked in the previous calendar year (It is strongly recommended to participate as early as possible). A signature is required, be it to confirm participation or request exclusion.

PARTICIPATION

- I, the undersigned, accept to participate in the APTPUO Registered Pension Plan savings according to the by-laws established by the plan and by the University; I recognize that my decision is irrevocable.

Contribution Date: ____/____/____ (dd-mm-yy)

I authorize my employer to deduct the prescribed amounts from my pay each pay period and submit these contributions to Manulife Financial to invest in the APTPUO Registered Pension Plan, Policy Number 34060.

Initial: _____

OR

- I, the undersigned, acknowledge that I have been given the opportunity to participate in the APTPUO Registered Pension Plan savings sponsored by the University of Ottawa. I wish to decline to participate in the plan at this time and agree to waive any and all liability to the corporation and its successors and/or affiliated associated companies in this regard.

Initial: _____

INFORMATION REGARDING THE ELIGIBLE SPOUSE – Complete a) or b)

- I, the undersigned, hereby declare that:
 a) On the date hereof, my eligible spouse is:

Name: _____ Date of birth : _____ (dd-mm-yy)

- b) On the date hereof, I do not have an eligible spouse.

Definition of eligible spouse

“spouse” means either of two persons who,

(a) are married to each other, or

(b) are not married to each other and are living together in a conjugal relationship,

(i) continuously for a period of not less than three years, or

(ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child, both as defined in the Family Law Act.

It is the member's responsibility to advise the Administrator of the APTPUO Pension Plan of all changes in his civil status in contacting the Pension Office.

CONFIRMATION

I certify that the information on this form is correct to the best of my knowledge.

Signature : _____ **Date :** _____ (dd-mm-yy)

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