

PENSION PLAN ENROLMENT - FULL TIME EMPLOYEES

(PUBLIC SAFETY OCCUPATIONS ONLY)

PART I (TO BE COMPLETED BY THE EMPLOYEE)

Name of Pension Plan:	Halifax Re	egional Municipality Pension Plar	1				
Employee Location/Divi	sion:			- -			
Employee Last Name		Employee First Name	Employee Number				
Date of Birth:							
	ear Month Day	Employee Social Insurance	Number	Gender			
VOLUNTARY CONTRI	BUTIONS ELECTIONS						
I would like to make conon-regular taxable ear	ontributions on overtime an nings.	d other I am a member of the H would like to make cont	_		and I		
		e contributes 6.3% to a DC Account, the will match the employee contributions No Employee contributes 12.6% to a DC Account, the employer DOES NOT contribute					
PAST ELIGIBLE SERV	ICE						
employer, please contac	ct the HRM Pension Plan Off options as soon as possible f	sfer pensionable service from a forn fice (see contact information below) following your enrolment in the pens	. Note that some optio				
		data shown on this form or collected n, benefit calculations, annual state					
employer to make the		f my membership in the above-ments, as specified in the pension plan					
Date	<u> </u>	Member signature					
	(TO BE COMPL	PART II ETED BY THE EMPLOYER REPF	RESENTATIVE)				
Date of Employment:		Date of Membership:					
, ,	Year Month	Day	Year	Month	Day		
Date	Employer Repres	sentative - Print Name	Employer Represe	ntative signature			

Please have this form completed by the Employer Representative, set up plan options and record DC options (if applicable). Once fully completed, the Employer Representative should mail this form, along with the completed *Beneficiary and Spouse Designation Form, to* the HRM Pension Plan Office at the address below. Call 1-902-490-6213 or toll-free at 1-888-490-6213 with any questions.

HRM Pension Plan Office, 1108-1809 Barrington Street Halifax, Nova Scotia B3J 3K8