



## Employer Sign-Up Form

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date: \_\_\_\_\_  Yes, sign me up for the electronic newsletter that is distributed three times a year.

**Disclosure:** By checking the box and providing your email address, you are granting SPP permission to email you. You can revoke this permission at any time using the SafeUnsubscribe link, found at the bottom of every email. We take your privacy seriously and our Privacy Policy is available on our website. Emails are serviced by Constant Contact

Employee Name	Employee SIN	*Remittance Amount
<b>Total Remittance</b>	<small>*Complete only if you are sending contributions with your sign-up form.</small>	

Would you like your remittance form/statement:  Mailed  Faxed  E-mailed

Will you be remitting:

<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	}	Month(s): _____ Please specify
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SPP is on the Ceridian platform. If you use Ceridian for your payroll and wish to submit your SPP contributions through them, please contact the SPP office for details.

**CALL TOLL FREE 1.800.667.7153**

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