

Membership Application

Please print

Applicant's Last Name		Social Insurance Number (SIN)									
Given Name(s)		Date of Birth <table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Mailing Address (P.O. Box Number or Street)		Apt/Unit #									
City or Town, Province		Postal Code									
Phone (Primary)		(Alternate)									
PROOF OF AGE ENCLOSED: (photocopy only required of one of the following) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Canadian Passport Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other											
E-mail Address											
<input type="checkbox"/> Yes, sign me up for email correspondence. <small>(By checking the box and providing your email address, you are granting Saskatchewan Pension Plan (SPP) permission to email you. You can revoke this permission any time using the SafeUnsubscribe link, found at the bottom of every email or by setting up preferences on MySPP. We take your privacy seriously and our Privacy Policy is available on our website. Emails are serviced by Constant Contact.)</small>											

Beneficiary (Please see the Member Guide for considerations when naming a beneficiary. Contact SPP if you are naming a minor(s).) My beneficiary(ies), if I die before I receive benefits from SPP, is/are:

Beneficiary 1		
Beneficiary Name	SIN	Birth Day/Month/Year
Mailing Address	Phone Number	Relationship
Other (please specify)		Portion (out of 100%)
Beneficiary 2		
Beneficiary Name	SIN	Birth Day/Month/Year
Mailing Address	Phone Number	Relationship
Other (please specify)		Portion (out of 100%)

Authorization (Please read carefully)

"I apply for membership in the SPP, and declare that the information I have provided in this application is true. I understand that the Plan is governed by *The Saskatchewan Pension Plan Act* and Regulations, and that my contributions cannot be withdrawn from the Plan except to provide a pension benefit to me (funds locked-in until age 55) and that this is a key difference between SPP and an RRSP. As part of the application process, I acknowledge I have received access to the SPP Member Guide and Fund Facts documents. I acknowledge the investment choice I have made under this application. I must contribute within RRSP limits.

I authorize the release of information held by the Government of Saskatchewan or the Government of Canada to the Saskatchewan Pension Plan Board of Trustees, where the Board requests the information for the administration of the Plan. For greater certainty, I appoint the Board to be my legal representative for the purpose of obtaining address information filed with the Government of Saskatchewan or the Government of Canada so that my account information can be kept current."

Date

D	D	M	M	2	0	Y	Y
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Signature of Applicant

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In the event of a question as to the application, interpretation or intent of a provision of the Plan or the regulations, the Board shall decide the questions and its decision is final.

THIS APPLICATION IS VOID UNLESS SIGNED.

(Please see other side for investment instructions.)

Investment choice instructions

The Balanced Fund is the default. Unless otherwise directed, contributions will be deposited to the Balanced Fund. Please see the Investment Choice document and Fund Facts, available from SPP, for fund descriptions. You may change your investment instructions at any time.

Please invest my contributions as follows:

Balanced Fund	<input type="text"/>	%
Diversified Income Fund	<input type="text"/>	%
Total	<input type="text"/>	%

In making this investment choice,

- I acknowledge that I am responsible for my investment choices.
- I understand investment choice involves risk.
- I understand it is my responsibility to seek appropriate financial counselling for making investment fund choices.
- I understand that if the choices I make with this form do not meet expectations, neither SPP, nor the Government of Saskatchewan, nor any of their employees or agents, has any liability to me, arising from my choices, or acting in accordance with my instructions.

Occupation (check more than one if applicable):

- Homemaker Self-employed
 Farmer Full-time Employee
 Student Part-time Employee
 Other (please specify) _____

Please tell us how you heard about SPP:

- Advertisement
 Tradeshow
 Financial Institution
 Friend or Relative
 Other (please specify) _____

Return completed application form by email or mail:

Email: info@saskpension.com

For questions call 1-800-667-7153 or visit Saskpension.com

Mail: Saskatchewan Pension Plan
 Box 5555
 Kindersley, SK S0L 1S0

OPTIONAL: PRE-AUTHORIZED CONTRIBUTION APPLICATION

Name: _____

Method of contributing:

- Bank Account
 (include bank form or VOID cheque)
- VISA™ or MasterCard™
 Credit Card #: _____ CVV _____
 Expiry date: MM/YY Credit card receipt required: Yes No

Please choose one option:

Withdrawals are made on the 1st and/or 15th of the month.

Select Frequency:

Monthly	<input type="checkbox"/>	Semi-Monthly	<input type="checkbox"/>
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Start Date: DD/MM/YY
 (1st or 15th)

Amount: \$

I authorize SPP and my financial institution to begin contributions to my plan from my bank account/credit card. I understand that this authority remains in effect until I give SPP written notification to stop payments, or until SPP has sent me a written notice to terminate this agreement, which I agree the Plan has the authority to do. Funds are locked-in until age 55 and I must contribute within RRSP limits.

Signature(s): _____

(You must have signing authority for this account/credit card. For joint bank accounts, ensure the required authorized signatures are provided.)

Complete this area only if your spouse is claiming this contribution on their income tax return.

Spouse Name	<input type="text"/>
Spouse SIN	<input type="text"/>

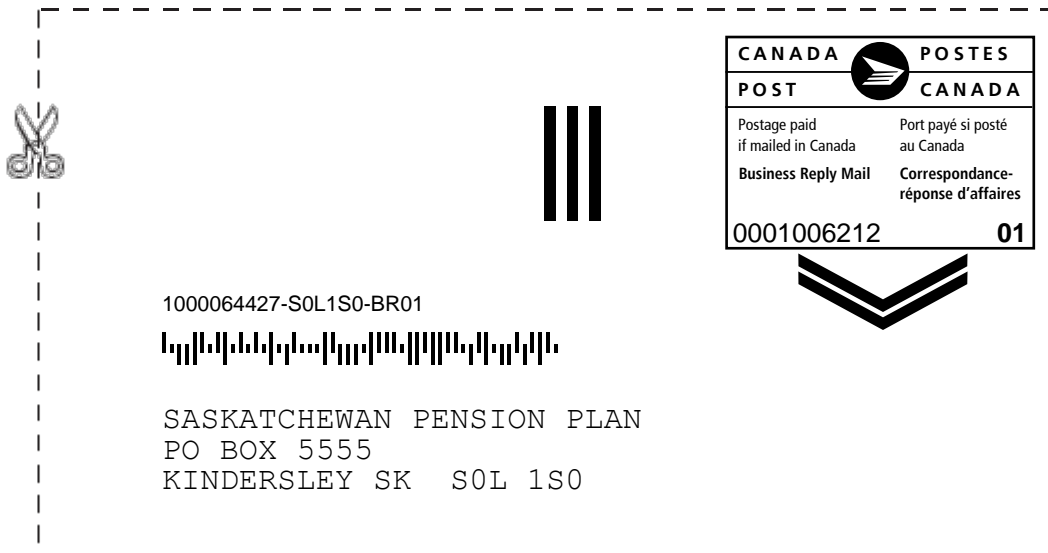
SPP use only: SIN: Entered Date: _____

Instructions for Applying the Business Reply Mail™ eLabel

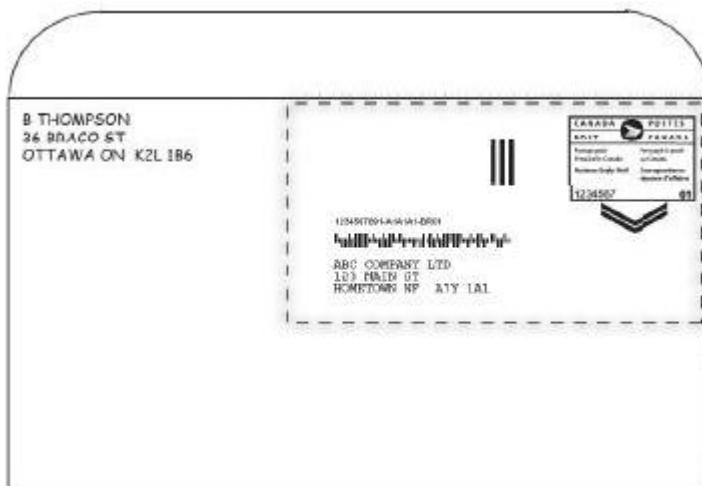
To use this label:

Although this example shows Domestic Business Reply Mail (BRM), the eLabel is also available for use with International Business Reply Mail.

1. Cut the label on the dotted line.



2. Glue or tape the entire label squarely in the top RIGHT corner of the envelope. Do **not** tape over any part of the address.
3. Write your name and return address in the top LEFT corner of the envelope.



Artwork not to scale

4. Drop the postage-paid envelope into your local Canada Post mailbox or Postal Outlet.