

Régime de retraite à prestations cibles FIM-FNCC (CSN)

Enrolment form

Member information		
Last Name	First Name	Social Insurance Number
	Caradar Dr. D M	
Date of Birth (yyyy-mm-dd)	Gender L F M	Employer
Residential Address (Number, Street, Apartment)		Union / Group
City	Province	Postal Code
Date of Employment (yyyy-mm-dd)	Date of Enrolment (yyyy-mm-dd)	Telephone Number
The plan provides members with acces documents. Please complete the follow	-	It personal information and plan documents in a secure electronic No
Email Address Spousal Information	ioimat. [] 165 [] 100
<u> </u>	terms of the plan. Please complete the fo	nllowing information:
Thave a spouse as defined by the	terms of the plant reade complete and it	mowing information.
Last Namo	First Name	Date of Birth (yyyy-mm-dd)
Last Name Gender F M	riist naine	Date of birth (yyyy-hilli-uu)
I do not have a spouse ¹ as defined	by the terms of the plan.	
Member Declaration		
	ve information is accurate as of the date in any personal information necessary for	
Member Signature		Date (yyyy-mm-dd)
	necessary for the administration of the planed by the Pension Committee may access the	

 $^{^{\}rm 1}$ According to the definition of the plan, the spouse is defined as the person who:

¹⁾ Is married or in a civil union with the member; or

²⁾ has been living in a conjugal relationship with the member who is neither married nor in a civil union, whether the person is of the opposite or the same sex, for a period of not less than three years or, in the following cases, for a period of not less than one year: at least one child is born or to be born of their union; they have adopted jointly at least one child while living together in a conjugal relationship; or one of them has adopted at least one child who is the child of the other during that period.