



Membership Application

Please print

Applicant's Last Name		Social Insurance Number	
Given Name(s)		Saskatchewan Health Services No. (Optional - used to keep address information current)	
Street or P.O. Box Number		Date of Birth	
City or Town, Province	Postal Code	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Phone: (Primary)	(Alternate)	PROOF OF AGE ENCLOSED: (one of) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Driver's license <input type="checkbox"/> Canadian passport Photocopy only required	
E-mail Address	<input type="checkbox"/> Yes, sign me up for your email list. <small>(By checking the box and providing your email address, you are granting SPP permission to email you. You can revoke this permission 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.)</small>		Gender <input type="text" value="M"/> <input type="text" value="F"/>

Beneficiary (Please see 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	Social Insurance No.	Birth Day/Month/Year
Mailing Address	Phone Number	Relationship
Other, please specify	Portion (out of 100%)	
Beneficiary 2		
Beneficiary Name	Social Insurance No.	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 Saskatchewan Pension Plan, 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that the Plan is governed by *The Saskatchewan Pension Plan Act* and Regulations, and that my contributions cannot be withdrawn from the Plan except to provide a pension benefit to me when I retire and that this is a key difference between SPP and an RRSP.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 Membership Guide and Fund Facts documents. I acknowledge the investment choice I have made under this application.

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

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="Y"/>	<input type="text" value="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"/>	%
Short term 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) I am:

- | | |
|---|---|
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Farmer | <input type="checkbox"/> Full-time employee |
| <input type="checkbox"/> Student | <input type="checkbox"/> Part-time employee |
| <input type="checkbox"/> Other (please specify) | |

Please tell us how you heard about the Saskatchewan Pension Plan:

- | |
|---|
| <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Tradeshow |
| <input type="checkbox"/> Financial Institution |
| <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Other (please specify) _____ |

Return original completed Application Form to:

Saskatchewan Pension Plan
 Box 5555
 Kindersley, Saskatchewan S0L 1S0
 Telephone toll free: 1-800-667-7153
 Website: saskpension.com

OPTIONAL: PRE-AUTHORIZED CONTRIBUTION APPLICATION

Name: _____

My preferred method of contributing is:

Directly from my chequing account
 (I am including a VOID cheque)

From my VISA or my MasterCard

Credit Card #: _____

Expiry date: MM/YY Credit card receipt required: Y N

I authorize Saskatchewan Pension Plan and my financial institution to begin contributions to my plan from my chequing account/credit card. I understand that this authority remains in effect until I give Saskatchewan Pension Plan written notification to stop payments, or until Saskatchewan Pension Plan has sent me a written notice to terminate this agreement, which I agree the Plan has the authority to do.

Signature: _____

(You must have signing authority for this account/credit card. For joint accounts, all depositors must sign when more than one signature is required on a cheque issued against that account.) Please include a "VOID" personal cheque for this bank account.

Please choose one option:	
Monthly:	1st or 15th
Amount: \$	Start Date: MM/YY
Bi-monthly:	1st and 15th
Amount: \$	Start Date: MM/YY
Annual	1st or 15th
Amount: \$	Start Date: MM/YY

Complete for spousal deduction only.	
Spouse Name	
Spouse SIN	

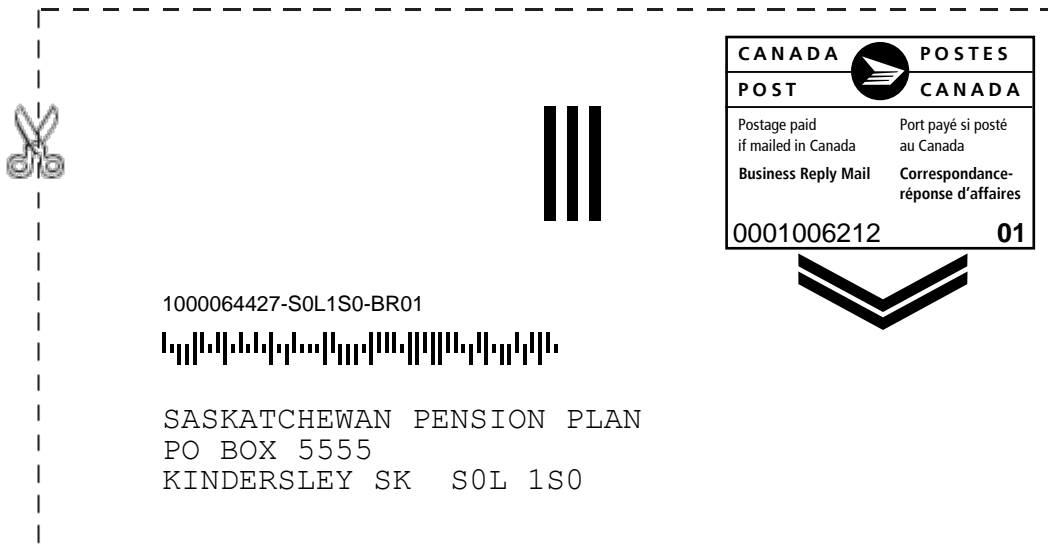
SPP use only: CID: _____ Entered Date: _____

Instructions for Applying the Business Reply Mail™ eLabel

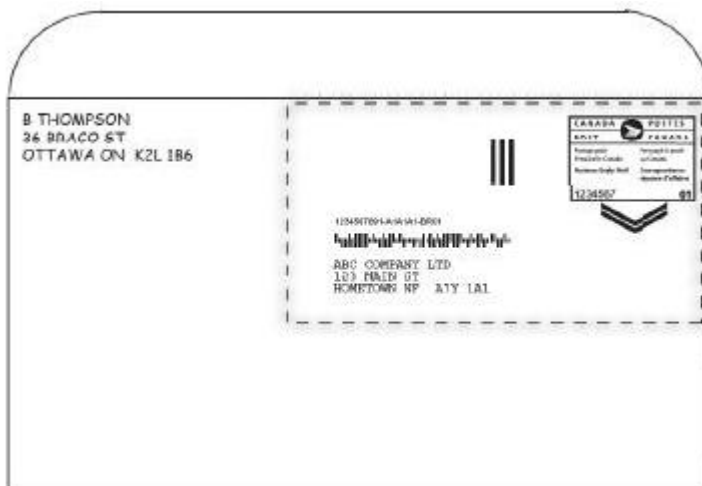
To use this label:

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.