

NEW EMPLOYEE FORM

SECTION 1 – GENERAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ S.I.N: _____
 ADDRESS: _____ TEL. AT WORK: _____
 CITY: _____ PROVINCE: _____ TEL. AT HOME: _____
 POSTAL CODE: _____ SEX: F M LANGUAGE OF CORRESPONDENCE: French English
 DATE OF BIRTH: _____ / _____ / _____ Native Band number: _____ Non-native
year month day
 CIVIL STATUS: Single Common-law spouse Separated Widow(er) Divorced Married

SECTION 2 – DESIGNATION OF BENEFICIARY

BENEFICIARY'S NAME: _____ FIRST NAME: _____
 Please indicate if the beneficiary is: revocable: designation of the beneficiary may be changed without his/her consent.
 irrevocable: designation of the beneficiary may not be changed without his/her consent.
COMMENT: In Québec, your spouse may be your irrevocable beneficiary.

RELATIONSHIP TO EMPLOYEE: _____
 The designation of beneficiary is subject to legislation in effect. If the beneficiary dies before me, death benefits shall be payable to:
 Legal heirs Other

BENEFICIARY'S NAME: _____ FIRST NAME: _____
 RELATIONSHIP TO EMPLOYEE: _____
 In most jurisdictions, under the terms of legislation in effect a portion or the entirety of death benefits are payable to the spouse, notwithstanding any other designation of beneficiary.
 If no beneficiary is indicated, benefits will be payable to the member's legal heirs subject to the provisions of the **Pension Benefits Standards Act, 1985 and plan regulations.**

SECTION 3 – EMPLOYER

EMPLOYER: _____
 DATE OF EMPLOYMENT: _____ / _____ / _____ *DATE OF MEMBERSHIP IN THE NBP: _____ / _____ / _____
year month day year month day
 RATE OF PARTICIPATION: 4,6% 6,25% 6,8% 8,5%
 OCCUPATION: _____ FINANCING SOURCE OF THE WAGES INAC Health Other
 ANNUAL SALARY: _____ FULL TIME PART TIME
 * If the employee has achieved 2 consecutive years of salary exceeding 35% of the MPE, check initialize _____

ADDITIONAL INFORMATION

PREVIOUS EMPLOYER A MEMBER OF THE NBP (please ensure that the termination of employment form has been completed by the former employer and sent to the NBP).

- FORMER EMPLOYER'S NAME: _____
- DATE OF TERMINATION OF EMPLOYMENT: _____ / _____ / _____
year month day
- HAVE YOU CONTRIBUTED PREVIOUSLY TO THE NBP? Yes No
- RATE OF PARTICIPATION: 4,6% 6,25% 6,8% 8,5%

OTHER PREVIOUS EMPLOYER

- FORMER EMPLOYER'S NAME: _____
- WERE YOU ON LEAVE WITHOUT PAY? Yes No
- DID YOU HAVE A PENSION PLAN: Yes No
- IF YES, WOULD YOU LIKE TO EFFECT A TRANSFER? Yes No
- IF YES, PLEASE SPECIFY THE NAME OF THE PLAN: _____

GENERAL INFORMATION: In the following cases, participation is mandatory at the onset of employment:

- For all employees who hold assets in the NBP;
- For all employees who have terminated employment with an employer member in the NBP and who will be holding a position with an employer member within two months of their termination of employment with the former employer. In such case, terms will be identical to those of the former employer.

I have been informed of my employer's pension plan provisions and accept the clauses and conditions. I authorize my employer to deduct requisite contributions from my salary.

_____ Employee's signature _____ Date _____
 _____ Employer's signature _____ Date _____