



APEX Enrollment Form

APEX Supplementary Pension Plan (Plan)

Member Information

Surname: _____ Given Name: _____ Birth Date: ____/____/____
(Please Print) (Please Print) Day/Month/Year

SIN #: _____ - _____ - _____ Email: _____ Phone: _____

Street Address: _____ City: _____ Province: _____ Postal Code: _____

Authorization

I choose to enroll in APEX and authorize regular deductions from my salary as contributions to the Plan.

Employee Signature: _____ Date: _____

I have prior APEX service that I want to transfer Yes or No If yes, my service is from Employer _____

Pension Partner (*See Pension Partner Information on reverse of this form)

Do you have a Pension Partner? Yes or No (Circle One) If yes, complete the information below.

Surname: _____ Given Name: _____ Birth Date: ____/____/____
(Please Print) (Please Print) Day/Month/Year

Beneficiary(ies) Please indicate your Beneficiary(ies) other than your Pension Partner who is automatically your primary beneficiary . A beneficiary can be a person or persons, an estate, a trust or any legal entity). If more space is required please attach an additional Enrollment form indicating the beneficiary name(s) with your signature.

| Name of Beneficiary (Please Print) | Relationship to You | Percentage (total 100%) |
|------------------------------------|---------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TRUSTEE NAME: _____
*It is recommended that you appoint a Trustee for anyone under the age of 18.

Employee Signature: _____ Date: _____

Local Authorities Pension Plan (LAPP) Years of Service (Please refer to your most current LAPP Member Annual Statement)

I have some LAPP service prior to my employment with my current employer : Yes or No (Circle One)

My Total LAPP years of service as of my December 31, 20__ LAPP statement is: __ __. __ __ __ __ (yrs.)

Current Employer Information – For Employer Only

Employer Name: _____ Employer Code: _____

Employee LAPP Entry Date with Current Employer ____/____/____ Employee APEX Entry Date: ____/____/____
Day/Month/Year Day/Month/Year

Employee Date of Hire: ____/____/____ Employee (Member) ID: _____
Day/Month/Year

Signature of Employer Representative: _____

Definition of Pension Partner

As set out in section 1(1) (ff.1) of the *Employment Pension Plans Act*:

- (ff.1) “pension partner” means, in relation to another person,
- (i) a person who, at the relevant time, was married to that other person and had not been living separate and apart from that other person for 3 or more consecutive years, or
 - (ii) if there is no person to whom subclause (i) applies, a person who, immediately preceding the relevant time, had lived with that other person in a conjugal relationship
 - (A) for a continuous period of at least 3 years, or
 - (B) of some permanence, if there is a child of the relationship by birth or adoption

Pension Partner Waiver

As set out in Section 39(1) and 39 (5.1) of the *Employment Pension Plans Act*, *a pension partner who is entitled or potentially entitled to receive a benefit under this section may waive the benefit in the prescribed form and manner. For further details on this option participating employees can contact their employer or the AMSC APEX Supplementary Pension Plan at www.retirement@auma.ca.*

The information being collected on this form is in accordance with the Freedom of Information and Personal Privacy Act and will be provided to companies contracted by AUMA to administer the pension plan. Questions about the collection or use of this information may be directed to the FOIP Coordinator.