

The University of Manitoba GFT Pension Plan (1986) Participation Waiver



A | Personal Information

Last Name

First Name(s)

Employee Number

I have been furnished with a summary of the provisions of The University of Manitoba GFT Pension Plan (1986).

I waive the right to participate in in The University of Manitoba GFT Pension Plan (1986) as of the initial participation date. Subsequent optional participation dates, prior to the compulsory membership date, are available at my discretion. Compulsory membership date is within 30 days following 2 years of full-time continuous employment.

Further, I undertake, when requested to do so, to promptly complete and return to the Pension Office an Application for Membership in The University of Manitoba GFT Pension Plan (1986).

B | Declaration

I hereby confirm that the above information is correct. I understand that this personal information is being collected under the authority of The University of Manitoba Act and will be used for the purposes of pension plan administration.

I authorize The University of Manitoba to exchange personal information with benefit service providers and/or organizations who provide advice and service in the management of the group pension plans. This information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of information, contact the Access & Privacy Officer, in the Access and Privacy Office, 204-474-8339, The University of Manitoba.

Signature of Employee

Date (day/month/year)

Return completed form to the Pension Office.

FOR OFFICE USE ONLY

Date of Employment (day/month/year)

Pension Office Signature

