

THE UNIVERSITY OF MANITOBA GFT PENSION PLAN (1986) PARTICIPATION WAIVER

PERSONAL INFORMATION

Social Insurance Number

Employee Number

Last Name

Given Name

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 The University of Manitoba GFT Pension Plan (1986) as of the initial participation date. Subsequent optional participation dates, prior to the compulsory participation date, are available at my discretion. Compulsory participation 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).

I hereby confirm that the above information is correct. This personal information is being collected under the authority of The University of Manitoba Act and will be used for 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 Coordinator Office, (204) 474-8339, University of Manitoba.

Date

Signature of Employee

FOR OFFICE USE ONLY

Employee Number: _____ Date of Employment _____, _____, _____
(day, month, year)

Signature Pension Office: _____

Return completed form to: Pension Office | 180 Extended Education Complex | Winnipeg | MB | R3T 2N2