Canadian Baptist Pension Plan

Plan Registration Number - 0345769

PENSION PLAN WAIVER

for Employees who choose not to participate in the Pension Plan when eligible and for Plan Members who want to cease contributing to the Pension Plan.

Employer Information
Convention/Union:
Church/Employer:
Church/Employer Address:
Sun Life assigned 3 digit Unique Church/Employer Identifier:
Employee/Plan Member Information
Employee/Plan Member Name:
Employee Classification: ☐ Minister/Executive ☐ Other
Employee/Member Number: (last 6 digits of Social Insurance Number)
Date of Birth:/ (dd/mm//yyyy)
Province of Employment: Date of Hire:/(dd/mm//yyyy)
Spouse Name: or \square Not Applicable
Spouse Date of Birth:/(dd/mm//yyyy) or ☐ Not Applicable
Date of Enrolment in Pension Plan:/(dd/mm//yyyy) or ☐ Not Applicable
For Employees who choose not to participate in the Pension Plan when eligible - My employer has explained the eligibility and participation rules of the Canadian Baptist Pension Plan to me. I understand I am eligible to participate in the Plan and that my employer would equally match my contribution if I participate. I decline to participate at this time and I understand that if I choose to participate at a later date, my enrolment will not be retroactive.
Date (Employee Signature)
For Plan Members who want to cease contributing to the Pension Plan – I understand that if I cease to contribute to the Plan, Employer contributions will also cease. I may resume contributions with matching Employer contributions at any time by advising my Employer. I further understand that pension legislation does not permit me to withdraw my pension asset while I am still employed by a participating employer in the Canadian Baptist Pension Plan.
Date (Plan Member Signature)
Date (Employer Signature/Position)