



Canadian Baptist Pension Plan

Plan Registration Number - 0345769

PENSION PLAN PARTICIPATION WAIVER

Convention/Union: _____

Church/Employer: _____

Church/Employer Address:

Employee Name: _____

Employee Classification: minister/executive other

Employee Number: _____ Date of Birth: _____/_____/_____
(Last 6 digits of Social Insurance Number) dd mm yyyy

Province of Employment: _____ Date of Hire: _____/_____/_____
dd mm yyyy

Spouse Name: _____ or n/a

Spouse Date of Birth: _____/_____/_____
dd mm yyyy or n/a

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 will 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)

Date

(employer signature/position)