

Ryerson Retirement Pension Plan Enrolment Form

PLAN REGISTRATION NUMBER 0589887

Section A – Member Details

<input type="checkbox"/> New Member <input type="checkbox"/> Change of Information		Effective Date of Change (MM/DD/YY)
Last Name	First Name	
Ryerson Employee ID		
Date of Birth (MM/DD/YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Family Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law*		
*If you have indicated common-law status, please provide the date you began living together.		

Section B – Spouse Details

Under Ontario Family Law, a spouse is the primary beneficiary of any survivor benefit payable from a pension. If you have no spouse or if your spouse has signed a waiver, please designate your beneficiary in Section C.

Definition of Spouse

a) a person to whom you are married by virtue of legal marriage or under any other formal union recognized by law and are living together at the time of your death (not separated).

b) a person of the opposite sex or the same sex who is publicly represented as your spouse and has been continually so represented for at least a year and are living together (not separated).

<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Remove	
Last Name	First Name
Date of Birth (MM/DD/YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
I understand that it is my responsibility to advise Ryerson University of any changes in respect of my marital status.	
A signature is required for this section.	

Section C – Beneficiary Information (if no spouse listed in Section B) / Contingent Beneficiary (if you have a spouse)

I do not have a spouse I do have a spouse, this is for contingent beneficiary only

Designate your beneficiary for Pension death benefit

The benefit will only be paid to the individuals listed below if you have no spouse at the time of your death.

New Change Remove

Last Name, First Name	Relationship to Member	%
Last Name, First Name	Relationship to Member	%
Last Name, First Name	Relationship to Member	%

Must equal to 100%

Note: If the named spouse pre-deceases me, or if all Beneficiaries pre-decease me, and no other beneficiary has been appointed, death benefits payable from the pension plan shall be paid to my estate. If one or some of my beneficiaries pre-decease me, the death benefit shall not be paid to his or her estate, but shall be equally divided among the surviving beneficiaries. Subject to the provisions of any law or governmental regulation which may apply, I reserve the right to change my beneficiary, and my appointment of a beneficiary shall automatically revoke any previous appointment of beneficiary which I have made.

Section D - Beneficiary Trustee Designation

Only complete Trustee Designation section if nominating beneficiaries who are minors (under the age of 18). Please note that according to legal requirements, the Ryerson Retirement Pension Plan cannot pay benefits to beneficiaries who are minors. A trustee for minor children must be designated. Any payments becoming due during the minority of the minor(s) to be made to:

Last Name, First Name	Relationship to Member
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as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to said trustee shall discharge the Ryerson Retirement Pension Plan.

Section E - Privacy Authorization (Please read this section carefully)

I understand that the personal information collected on this form will be used for the purpose of administering my pension entitlements. I further understand that this information may be disclosed to the pension plan's administrator, trustee, actuary and other authorized persons for the same purpose. By signing below I authorize Ryerson to collect, use and disclose all personal information on this form in the manner and for the purposes described above. I declare that the information above is accurate and true. Inaccurate information may invalidate a claim made by my beneficiary(ies).

Section F - Signature (Please print and sign)

Employee Signature	Date
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Human Resources Use Only

Hire Date:	Enrolment Date:	Division Name:
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