

# INSTRUCTIONS FOR COMPLETION OF ENROLLMENT FORM

## ALBERTA SCHOOL BOARDS ASSOCIATION SUPPLEMENTAL INTEGRATED PENSION PLAN (SiPP)

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1. Complete the attached form for each new member.
2. The SiPP should be offered to all members in an eligible position (as indicated in your school division's Participation Agreement).
3. Provide total earnings information for the years indicated.
4. Please provide a copy of the member's most recent ATRF / LAPP statement along with their enrollment form.
5. Please note that a member is ineligible to accrue service in the SiPP for periods during which they are not an active member in the ATRF / LAPP.
6. Please ensure that the member receives a copy of the employee booklet ([https://www.asba.ab.ca/wp-content/uploads/2018/10/sipp\\_member\\_booklet17.pdf](https://www.asba.ab.ca/wp-content/uploads/2018/10/sipp_member_booklet17.pdf)) within 60 days of enrollment in the Plan.
7. Please ensure the enrollment form is completed in its entirety.
8. Return the form to LifeWorks via email at [asbapension@lifeworks.com](mailto:asbapension@lifeworks.com) or fax (604) 632-9930. Original versions of the signed enrollment forms are not required to be submitted.

If you have any questions about completing the form please contact us at [asbapension@lifeworks.com](mailto:asbapension@lifeworks.com) or at 1-800-663-0790.

# ENROLLMENT FORM

## ALBERTA SCHOOL BOARDS ASSOCIATION SUPPLEMENTAL INTEGRATED PENSION PLAN (SiPP)

### Member Information:

Name:

\_\_\_\_\_  
Surname First Name Initial

S.I.N.:

\_\_\_\_\_

School  
Division:

\_\_\_\_\_

Gender:  Male  Female

Birth Date:

\_\_\_\_\_  
Day Month Year

Date of Hire:

\_\_\_\_\_  
Day Month Year

SiPP Date of Entry:

\_\_\_\_\_  
Day Month Year

ATRF Date of  
Entry<sup>1</sup>:

\_\_\_\_\_  
Day Month Year

OR LAPP Date of  
Entry<sup>1</sup>:

\_\_\_\_\_  
Day Month Year

Please attach a copy of the member's most recent  
ATRF/LAPP annual pension statement

Attached

Please confirm that the member is currently an active  
member and accruing a benefit in the ATRF / LAPP

Confirmed

### Pension Partner Information (see next page for definition of Pension Partner):

Name:

\_\_\_\_\_  
Surname First Name Initial

S.I.N. \_\_\_\_\_

Gender:  Male  Female

Birth Date:

\_\_\_\_\_  
Day Month Year

### Beneficiary Information:

I hereby designate, subject to any overriding legal Pension Partner's right, the following person(s) as revocable beneficiary(ies) of any monies payable under the SiPP upon my death.

_____ Full Name	_____ Relationship	_____ % of Entitlement
_____ Full Name	_____ Relationship	_____ % of Entitlement
_____ Full Name	_____ Relationship	_____ % of Entitlement

Unless specified, shares will be divided equally.

The following must be completed if any beneficiary is a minor:

\_\_\_\_\_  
Name

my \_\_\_\_\_  
Relationship

if living shall be and is hereby  
nominated

and appointed trustee to receive and disburse any monies payable hereunder to a child aforesaid during minority and any payment so made to the said trustee shall discharge the Fund Holder to the extent of such payment.

<sup>1</sup>Please note that this date may precede the Date of Hire at the School Division if the member has prior ATRF / LAPP service.

**Earnings:**

Please provide annualized earnings (see page 6 of the Employer Manual for definition) on a calendar year basis.

If available, earnings prior to the member's SiPP Date of Entry should also be provided.

calendar year

Current year \_\_\_\_\_

Prior year \_\_\_\_\_

2 years ago \_\_\_\_\_

3 years ago \_\_\_\_\_

4 years ago \_\_\_\_\_

I hereby apply for membership in the SiPP. I understand that in the event of my death prior to the commencement of my pension, death benefits will be payable to my Pension Partner. If I do not have a Pension Partner at the date of my death, any death benefits will be payable to my designated beneficiary, or to my estate if I have not named a beneficiary.

  

Signature of Employee	Date
Signature of Witness	Date

By signing this, I confirm that the member is employed in an eligible position under the school division's ASBA SiPP Participation Agreement ("Agreement") or, if not, the Agreement will be amended accordingly.

\_\_\_\_\_  
Signature of Employer's Authorized Officer

\_\_\_\_\_  
Date

"Pension Partner" means,

- (a) a person who, at the relevant time, is married to the Member and has not been living separate and apart from the Member for three or more consecutive years;
- (b) if there is no person to whom subsection (a) applies, a person who has lived with the Member in a marriage-like relationship
  - (i) for a continuous period of at least 3 years preceding the date, or
  - (ii) of some permanence, if there is a child of the relationship by birth or adoption; or
- (c) if there is no person to whom subsection (a) or (b) applies, a person who otherwise qualifies as a pension partner under the terms of the LAPP or ATRF as the case may be.

There shall be only one Pension Partner for the purposes of the SiPP. A person's qualification as a Pension Partner shall be established to the satisfaction of the ASBA SiPP Governance Board.

**The information being collected on this form is in accordance with the Freedom of Information and Personal Privacy Act and will be provided to companies contracted by ASBA to administer the SiPP.**