



For Office Use Only

Company #

Member #

**EMPLOYEE ENROLLMENT /
CHANGE FORM**☐ **New** ☐ **Change** documented proof must be attached for change of name or marital status☐ Mr ☐ Mrs ☐ Miss ☐ OtherName _____
Last Name (as appears on passport) First Name Middle Name

Passport Number _____ please attach a copy of the photo page of your passport

Country of Birth _____ Are you a US person ☐ Yes ☐ No

Employer Name _____

Date of Birth _____ / _____ / _____ Address _____
DD MM YR PO Box Postal Code District

Physical Location _____

Telephone _____ Mobile _____ Email _____

Marital Status _____ Spouse's Name _____

Are you currently contributing to another pension plan? _____ Name _____

For what period were your last contributions paid: _____

Effective start date with Chamber Pension Plan: _____

Beneficiary Designation ☐ **New** ☐ **Change**

I hereby designate the person(s) named below as my beneficiary(ies) for purposes of the Chamber Pension Plan. I acknowledge that this designation will have no effect if I have a spouse on my date of death. This designation revokes any prior beneficiary designations, for the Chamber Pension Plan, made by me.

Last Name	First Name	DOB DD/MM/YR	Address	Relationship

Additional Voluntary Contributions Investment Instructions

Additional Voluntary (AVC) contributions can be made via lump sum and/or payroll deductions (if your employer allows). If you wish to make AVCs (or change the level of AVCs you currently make via payroll deductions), please check the appropriate box below and enter the amount of your contribution.

- ☐ I wish to make AVCs through payroll deductions. I have advised my employer of the dollar amount I wish to have deducted from my payroll.
- ☐ I wish to make lump-sum AVCs. This contribution will be deposited into my existing member account as an additional voluntary contribution.

Allocation of Additional Voluntary Contributions

AVCs can be invested in any of the five Lifecycle Funds offered by the Chamber Pension Plan. I hereby request that my additional voluntary contributions be allocated as follows:

Fund Name	\$ of AVC Contribution
Income Fund	
2015	
2025	
2035	
2045	

Reallocation of Existing Additional Voluntary Contributions

Existing AVCs can be reallocated once per month among any (or all) of the five funds offered by the Chamber Pension Plan. (Complete this section if you wish to change how your existing AVCs are invested.)

\$ Amount	Fund Name	
	Redeem	
	Purchase	
	Redeem	
	Purchase	
	Redeem	
	Purchase	

If you do not provide investment instructions, your AVCs will be invested in the same fund as your basic contributions. I understand that:

- The investment instructions provided on this form will apply until such time as I complete, sign and submit a new form
- My employer is under no obligation to make or match AVCs
- AVCs (or related earnings) cannot be withdrawn any earlier than permitted by law

If you have any questions about how to allocate your AVCs, refer to the Chamber Pension Plan Lifecycle Funds Brochure or contact the Chamber Pension Plan directly.

Statements

Member Name _____
(please print clearly as appears on passport)

Member Signature _____ Date _____