

(") ()

the employer should each retain a copy of this form for their

subsequently elects coverage under the pension plan, the
forward a copy of this form to the pension plan to verify that the
optional enrolment at the time the employee was first eligible

collegepensionplan.bc.ca

CPP@collegepensionplan.bc.ca

ca a t :

By signing below, I expressly waive my rights to participate in the pension plan and to receive any pension benefits.

--	--

C e ePe... Pa... E... b... C ...d... ..