

TO THE TRUSTEES,

**CANADIAN ELEVATOR INDUSTRY WELFARE PLAN
CANADIAN ELEVATOR INDUSTRY PENSION PLAN**

I have accepted the position of

effective _____ and, with regard to my membership in the Plans, I elect

to remain in the Industry Plan for service after the date of promotion

to terminate my active membership in the Plans for service after the date of promotion

(Please indicate choice by placing an "X" in the appropriate box)

Employee's name (please print)

Certificate Number

Address

City

Province

Postal Code

Employee's Signature

Date:

Name of Employer & Representative (please print)

Signature of Employer & Representative

Local Union Number

Local Representatives Signature

Local Representatives Name
(please print)

Date: _____

PLEASE NOTE:

If a Plan member who had previously elected not to transfer the commuted value of his accrued pension returns to work in covered employment, his deferred pension earned prior to the break in service will be recalculated at the current benefit rate after the member completes five years of continuous credited service in covered employment after his return to work under covered employment. Covered employment is defined as work covered under the collective agreement.

THIS FORM MUST BE SUBMITTED TO THE ADMINISTRATOR WITHIN THREE MONTHS OF THE EFFECTIVE DATE OF PROMOTION

ONCE COMPLETED, PLEASE FORWARD TO THE OFFICE OF THE ADMINISTRATOR AS INDICATED BELOW

Manion Wilkins & Associates Ltd., 500-21 Four Seasons Place, Toronto, ON M9B 0A6 Telephone: 416.234.3511 or 1.866.532.8999 Fax: 416.234.2071