

Canadian Council of Christian Charities Employees Pension Plan

Registration Number: 0446773

WAIVER FORM *

*To be used if employee decides not to participate in the CCCC Employees Pension Plan.
Employer retains completed form in employee's personnel file.*

Name of Employer

Name of Employee

Employee Mailing Address

City

Prov.

Postal Code

Please be advised that I have decided not to participate in the Canadian Council of Christian Charities Employees Pension Plan, although:

1. It has been offered to me;
2. It has been explained to me;
3. I am eligible to participate.

I fully understand that my signature on this form releases my employer from any liability with regard to the Pension Plan in the event of my subsequent termination, retirement or death.

Witness

Signature of Employee

Date

Employer's Authorized Signature

* Refer to Pension Plan Administration Manual for use of this form.