

THE PENSION FUND (1969) OF THE PENTECOSTAL ASSEMBLIES OF CANADA
 2450 Milltower Court, Mississauga, ON L5N 5Z6
 Phone: 905-542-7400 Toll Free: 1-866-877-8481 Fax: 905-542-7313
www.paocpension.org

CONFIDENTIAL APPLICATION

- a) Non-PAOC credential holders must supply proof of PAOC church membership.
- b) Part-time employee requirement: Completion of 2 yrs of continuous service and earn at least 35% of the YMPE, or have worked at least 700 hrs.

Please Print Clearly

Today's Date: _____ **Applicant's Name:** _____
 Day Month Year Last Name First Name

Date of Birth: _____ **Applicant's S.I.N.:** _____
 Day Month Year

Current Address: Street: _____ Phone: _____
 City: _____ Email: _____
 Province: _____ Postal Code: _____

Beneficiary Name: _____ **S.I.N.:** _____
 Last Name First Name

Relationship: _____ If relationship is "spouse" please include the following:
 (Must be spouse if married)

Spouse's Date of Birth: _____ **Date of Marriage:** _____
 Day Month Year Day Month Year

Applicant's Signature: _____ (Must be signed) Please indicate contribution rate (%): _____

EMPLOYER SECTION

Employer Name: _____ **Date of Hire:** _____
 Day Month Year

Date Contributions were first deducted from pay: _____
 Day Month Year

It is understood that all employee contributions must be matched by the employer within the required parameters.

Employer Signature: _____ **Print Name** _____
 (Must be signed) – Chair of Church Board or Board Secretary or Board Treasurer

Participating Employer Agreement – Also required with this application, if not previously sent to the Pension Plan.