

PARTAGEONS  
LE SAVOIR



SHARING THE  
KNOWLEDGE

**Consent**  
*(you must check this box if you want to enable us to communicate with you)*

**Application** *(Check this box if you are applying to join the Association)*

**Modification** *(Check this box if you have to modify or add any information)*

Name: \_\_\_\_\_ First name: \_\_\_\_\_  
*Please Print clearly* *Please Print clearly*

Employee number: \_\_\_\_\_ Tel. No: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

E-mail address: \_\_\_\_\_

I do not have an email address, please communicate with me by:  Phone or  Mail

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Monthly deduction for the pensioner alone or with spouse.**

Check the appropriate box.

I agree to the monthly payroll deduction of 1.50 \$ on my pension check.

I agree to the monthly payroll deduction of 2.50 \$ on my pension check,  
for my spouse and me.

My spouse's full name and date of birth:

\_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_  
*Please print clearly*

**Monthly payroll deduction for the surviving spouse.**

I agree to the monthly payroll deduction of 1.00 \$ on my pension check.

**Note:** Payroll deduction will begin when the application form is received and will continue until VIA Rail Canada is advised to discontinue deduction.

Mail to: **VIA Rail Pension Plans Service Centre**  
**PO Box 2220, Station Don Mills Toronto Ontario M3C 0M7**