

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 1.75 \$ on my pension check.
☐ I agree to the monthly payroll deduction of 3.00 \$ 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 1.25 \$ 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