

Canadian Entertainment Industry Retirement Plan

_	of the above plan. Each employee is also requires (4%). I wish the following extra employee perce	ed to
Plan information booklets are available for all eligible employees directly through the employer or through the Local (for Full Members who are already current employees). The booklets will only be issued to those who request them.		
Please sign only the specific section bel	ow that reflects your situation.	
I am aware of the RRSP program and ha	eve chosen not to participate at this time.	
Name		
Signature		
	n either currently a member of the plan through and and received my certificate number. I wish my r to go to my individual account.	other
employer or have recently joined the p	an and received my certificate number. I wish my	other
employer or have recently joined the p contributions earned with this employe	an and received my certificate number. I wish my r to go to my individual account.	other
employer or have recently joined the p contributions earned with this employed. Name Signature I am aware of the RRSP program and w employer or the union (if I am a full me	an and received my certificate number. I wish my r to go to my individual account. Certificate Number	
Name I am aware of the RRSP program and we employer or the union (if I am a full me account. I understand that contributions.)	an and received my certificate number. I wish my r to go to my individual account. Certificate Number Date Date ould like to participate. I will contact either the mber) to complete the required forms to set up my	