

**Employee Personal Information**

\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last 4 SIN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address 1 \_\_\_\_\_ City \_\_\_\_\_

Address 2 \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number (Alternate) \_\_\_\_\_

Participating Employer: \_\_\_\_\_

**(Please refer to reverse for more information)**

**Employer Use**

Annual Current Salary: \_\_\_\_\_

Total Service requested to be Purchased: Years \_\_\_\_\_ Months \_\_\_\_\_

Type of Service	Period Start Date (Date requested to purchase)	Period Stop Date (Date requested to purchase)	Months

**Regarding service available from previous GMPP transfer**

• The original transfer application must have been received on or after October 26, 2000

**For Periods of Leave Without Pay**

Annual salary prior to leave: \_\_\_\_\_

Were contributions paid to another pension plan while on leave? \_\_\_\_\_

If yes, please identify the Pension Plan \_\_\_\_\_

Did the employee return from leave to an ease back position? \_\_\_\_\_

If yes, please identify ease back period:

Period Start Date	Period Stop Date

Employee contributions paid to GMPP while in the ease back position: \_\_\_\_\_

**For Periods of Temporary Full-time Service**

Earnings while temporary full-time, prior to entering PSPP: \_\_\_\_\_

Employee contributions paid to GMPP while in the temporary full-time position: \_\_\_\_\_

The above noted plan member is requesting to purchase the above noted service. Please forward a purchase contract to them based on the information provided.

I, confirm, and I have verified with the employee, that the above information is complete, accurate and up-to-date.  
Please note that Provident<sup>10</sup> pension systems will be updated to reflect the information contained in this form.

\_\_\_\_\_

Date Employer Representative Name Employer Phone Number

**(Please submit this form electronically to pensions@provident10.com using Kiteworks or another secure, encrypted method.)**

The personal information collected or provided will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns, please contact Provident<sup>10</sup>.

**Please advise the plan member of the following notes:**

1. This application to purchase service places you under no obligation. Provided the above service has been verified as eligible for purchase, Provident<sup>10</sup> will forward a Purchase of Service Contract to you. No further action will be taken with respect to this purchase until the completed contract has been received by Provident<sup>10</sup>, within the time period as prescribed on the contract.
2. **If the period of service to be purchased did not occur with your current employer, the employer with whom the service occurred must provide written confirmation of the service period. Failure to receive this confirmation will result in this purchase request being deemed invalid.** Confirmation must state:
  - a. Dates of your employment.
  - b. The status of your employment with the former employer (i.e., Permanent Full-Time, Temporary Full-Time, Contractual Full-Time, Leave Without Pay)
3. You must be an employee as defined by the Plan Text to be eligible to purchase service.
4. In order for a purchase of service request to be deemed "valid", Provident<sup>10</sup> must receive your application before the effective date of your termination of employment.
5. A delay in processing termination options or a pension application will occur if, upon termination:
  - a. There is a purchase of service application request pending.
  - b. All agreed upon contract payments have not been made.

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