



Effective Date: _____

Employer Name: _____

Employee Name: _____

Re: Pension Contribution Level

The Pension Committee of the Roman Catholic Archdiocese of Vancouver Pension Plan passed the following motion regarding a change in the re-enrollment process for pension plan members. The change affects all employees who belong to the pension plan and involves members' contribution rates from September 2021 onward.

"MOTION (MacLean/Arsenault): That beginning September 2021, the re-enrolment process defaults all members to the rate of contribution that they are offered by the diocesan employer (currently 7% or 8%, or 9%), with the member having the clear option to change the default rate of contribution to a lower amount if he/she chooses. PASSED

This motion was passed to help employees save enough for their retirement. In summary, from September 1, 2021, all employees will be automatically enrolled at his/her maximum contribution rate (matched by employer) the employee is entitled to. For the Archdiocese of Vancouver and the Diocese of Prince George, the matched contribution rate is dependent on the number of years that the employee has worked for the local employer and the contribution rates are 7% (1-14 years), 8% (15-19 years) and 9% (20+ years)."

Effective September 1, 2023, the Diocese of Kamloops and CISKD's matched contribution rate is dependent on the number of years that the employee worked for the local employer. The contribution rates are 7% (1-14 years), 8% (15-19 years), and 9% (20+ years).

A. Pension Level - Affix your initial to the appropriate box.

Effective to the date stated above, I allow the Benefits Administration Office to auto-escalate my pension level to the level I am entitled to.

OR

Effective the date stated above, I want to keep my current level of contribution at _____ %
(Must provide the level of contribution – 3%, 7%, or 8%*)

*8% is only applicable if you are on your 15th to 20th+ years of service

Authorization and Declaration:

I, _____, authorized Canada Life, my Benefit Representative at the local level, the Benefits Administration office, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange personal information, when necessary to determine my eligibility for pension, and to administer the plan.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

Date Signed: _____ Member's Signature: _____