



DECLARATION OF SCHOOL / UNIVERSITY ATTENDANCE

Pension and Group Insurance Administration Division
Human Resource Secretariat - Executive Council
P.O. Box 8700, St. John's, NL, Canada A1B 4J6
Fax (709) 729-6790

SECTION A (TO BE COMPLETED BY STUDENT / APPLICANT)

YOUR NAME: _____ S.I.N. _____

PLAN MEMBER: _____ S.I.N. _____

NAME OF GUARDIAN:
(PROOF OF GUARDIANSHIP REQUIRED) _____

ADDRESS OF STUDENT / GUARDIAN: _____

TELEPHONE STUDENT / GUARDIAN: () _____

NAME OF SCHOOL / UNIVERSITY: _____

Period of Enrolment: From _____ To _____
DD/MM/YY DD/MM/YY

Type of Enrolment: Full Time Night Course Other (Specify)

I do hereby declare that, to the best of my knowledge and belief, the above information is accurate and complete. I UNDERTAKE TO NOTIFY THE PENSIONS ADMINISTRATION DIVISION, DEPARTMENT OF FINANCE IMMEDIATELY, SHOULD I TERMINATE ENROLMENT AT THE SCHOOL / UNIVERSITY. I hereby authorize the above noted School / University to provide the Pensions Administration Division with information concerning my enrolment and attendance.

Signature of Student / Guardian: _____ Date: _____

SECTION B (TO BE COMPLETED BY SCHOOL / UNIVERSITY)

To the best of my knowledge and belief the above information is accurate and complete except as indicated below:

Comments: _____

NAME & ADDRESS OF SCHOOL / UNIVERSITY

TELEPHONE: () _____

AUTHORIZED REPRESENTATIVE:
NAME: _____
SIGNATURE: _____
TITLE: _____
DATE: _____

The personal information collected or provided as part of the application process 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 the Pensions Administration Division.