



PENSION ENROLMENT FORM

Registration #: 1049550

DEFINITIONS

“Enrollment”: To become a participant of the plan, a qualifying person who meets the eligibility requirements must: completed the prescribed enrollment form, file it with the Pension Committee and receive approval of such application from the Pension Committee.

“Plan Year”: means the 12-month period between January 1st and December 31st.

“Qualifying Person”: is licensed by the AGCO as: a trainer; an assistant trainer; an exercise person, a groom; or a hot walker and is not an owner.

ELIGIBILITY REQUIREMENTS

A Qualifying Person who is less than age 65 shall be eligible to join the Plan on the later of:

The first day of the month immediately following two consecutive plan years in which the individual:

- Has been a Qualifying Person;
- Has been:
 - a. Contracted by an Association member to work as a Trainer;
 - b. Employed by a Trainer to work as an assistant trainer, exercise person, groom or hot walker

and in each such Plan Year has either:

- Received earnings from the above-mentioned Trainer or Association member at least equal to 35% of the Yearly Maximum Pensionable Earnings (YMPE), or
- Worked for the above-mentioned Trainer or Association Member for at least 700 hours.

APPLICANT’S INFORMATION

FIRST NAME: _____ LAST NAME: _____

SOCIAL INSURANCE NUMBER: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ AGCO LICENSE #: _____

EMAIL ADDRESS: _____



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APPLICANT'S WORK HISTORY FOR THE LAST TWO YEARS

YEAR EMPLOYMENT BEGAN AT WOODBINE OR FORT ERIE RACETRACK: _____

TRAINER NAME & SIGNATURE: _____

START DATE OF EMPLOYMENT: _____ END DATE: _____

TOTAL HOURS WORKED: _____ LICENSED AS: _____

TRAINER NAME & SIGNATURE: _____

START DATE OF EMPLOYMENT: _____ END DATE: _____

TOTAL HOURS WORKED: _____ LICENSED AS: _____

TRAINER NAME & SIGNATURE: _____

START DATE OF EMPLOYMENT: _____ END DATE: _____

TOTAL HOURS WORKED: _____ LICENSED AS: _____

TRAINER NAME & SIGNATURE: _____

START DATE OF EMPLOYMENT: _____ END DATE: _____

TOTAL HOURS WORKED: _____ LICENSED AS: _____

TRAINER NAME & SIGNATURE: _____

START DATE OF EMPLOYMENT: _____ END DATE: _____

TOTAL HOURS WORKED: _____ LICENSED AS: _____

TRAINER NAME & SIGNATURE: _____

START DATE OF EMPLOYMENT: _____ END DATE: _____

TOTAL HOURS WORKED: _____ LICENSED AS: _____

APPLICANT NAME AND SIGNATURE: _____ **DATE:** _____



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BENEFICIARY INFORMATION

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO YOU: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

NOTE TO APPLICANT

All designations remain in effect until they are revoked in writing and sent to the Horsemen's Benevolent and Protective Association of Ontario (HBPA). If you have a spouse when you die, provincial legislation may stipulate that death benefits be paid to your spouse.

Please advise the HBPA if your personal circumstances such as your marital status or preferred beneficiary has changed recently.

I understand that this form is solely an application for membership in the Horsemen's Benevolent and Protective Association of Ontario Pension Plan (the "Plan") and that I will not become a member of the Plan unless my period of licensing by the Alcohol and Gaming Commission (the "Commission") has been verified and the Pension Committee has approved my application.

I hereby authorize the Commission to release to the Pension Committee such information from their records as the Pension Committee may require provided such information is utilized only for the purposes of the Plan.

I understand that if I become a member of the Plan and I fail to provide information requested by the Pension Committee within the time limits established by the Pension Committee, I will immediately cease to accrue benefits under the Plan.

I understand that the Pension Committee may require information further to that which is set above.

I understand that if I become a member of the Plan and it is discovered that I have provided incorrect information to my employer, the Pension Committee or the Commission and such information was relied upon for purposes of the Plan, I will immediately cease to accrue benefits under the Plan and I will not be entitled to any benefits

APPLICANT SIGNATURE & DATE: _____ **WITNESS SIGNATURE:** _____



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PENSION PLAN ENROLMENT CHECKLIST

- Photocopy of valid Alcohol and Gaming Commission (AGCO) license
- Photocopy of complete licensing history from the AGCO
- Photocopy of T4's from employers for last two years which corresponds with the employment history provided on the second page of this application
- If you are self-employed and unable to supply T4's for the last two years of employment, please provide a copy of your Notice of Assessment (NOA) from the Canada Revenue Agency (CRA) for the last two years
- Completed Pension Plan Enrolment Form including hours worked, dates of employment and Trainer's signature

Please note that this form must be completed by the applicant; incomplete forms will not be accepted by the HBPA of Ontario and will be returned to the applicant.

If you have any questions with regards to completing this form please contact the Administrative for assistance.