TOWN OF VERNON PENSION PLAN
EMPLOYEE AUTHORIZATION, ENROLLMENT AND CHANGE FORM

(1) ACTION: Add _____ Change _____ Delete_____

(2) SOCIAL SECURITY NUMBER: ___ ___ ___ -- ___ ___ - ___ ___ ___ ___

(3) PLAN NUMBER: TOWN ◯ 1 6 4 9 0 POLICE ◯ 1 6 4 9 3

(4) DIVISION NUMBER: ___ ___ ___ _____

(5) EMPLOYEE NAME: _____
Last Name First Name Initial

(6) ADDRESS: _____
Number Street Apt. Number

(7) CITY/STATE/ZIP CODE: _____
City/Town State Zip Code

(8) GENDER: Male ____ Female ____

(9) DATE OF BIRTH: _____/_____/_____
Month Date Year

(10) DATE OF HIRE: _____/_____/_____
Month Date Year

(11) EMPLOYMENT TERMINATION DATE: _____/_____/_____
Month Date Year

(12) NAME OF BENEFICIARY: _____
First Initial Last

(13) BENEFICIARY SOCIAL SECURITY #: ___ ___ ___ - ___ ___ -- ___ ___ ___ ___

(14) BENEFICIARY RELATIONSHIP TO EMPLOYEE: _____

(15) DATE OF TRANSACTION: _____/_____/_____
Month Date Year

I hereby acknowledge that participation in the Town of Vernon Pension Plan is a term and condition of my employment beginning at such time employee contributions are withheld and continuing so long as I receive earnings. I understand that my employee contributions may not be withdrawn while I am actively employed.

_____ _____
(Print Name of Participant and Date) (Signature of Participant)

INSTRUCTIONS

1. NEW EMPLOYEE: Check the option "ADD" and complete the entire form with the exception of the ID # and the GROUP #.

2. CHANGE FOR EMPLOYEE: Check the option "CHANGE". After recording Social Security Number and name, supply only the information to be changed.

3. TERMINATION OF EMPLOYEE: Check the option "DELETE". After recording Social Security Number and name, supply the termination date where indicated on the form.