BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)
MEMBER INFORMATION FORM

IMPORTANT NOTE: Please fill out this form completely. The information provided on this form will replace information provided on all earlier Member Information or Application Cards. You must notify us of any changes to the information below.

MEMBER'S PERSONAL INFORMATION

NAME: LAST	FIRST / MIDDLE	SOCIAL INSURANCE NUMBER

APT. NO.	NUMBER / STREET	CITY	PROVINCE	POSTAL CODE

EMAIL	TELEPHONE	
		MALE ☐ FEMALE ☐ NON-BINARY ☐

DATE OF BIRTH (MONTH / DAY / YEAR)	LODGE NUMBER	IBB REGISTRATION #	LODGE INITIATION OR LATEST REINSTATEMENT DATE (MONTH / DAY / YEAR)	MARITAL STATUS
				☐ Single ☐ Married ☐ Widowed ☐ Common-Law ☐ Separated ☐ Divorced

MARITAL STATUS

If you are married, please provide date of marriage: _____

If you are Separated or Divorced, please provide a copy of your Divorce/Separation Agreement.

If you are in a Common Law relationship, please complete the following statement:

I do hereby declare that _____ (spouse's name - please print) is my Common-Law Spouse with whom I have been cohabiting since _____ (date cohabitation commenced) and whom I publicly represent as my Spouse.

_____ (Your Signature)

The definition of Common-Law varies across provinces. Please see our website at www.boilermakersbenefits.ca/forms for details.

PERSONAL INFORMATION ABOUT MEMBER'S DEPENDANTS - INCLUDING SPOUSE

Please list Dependants for benefit coverage below. Partners are eligible for **benefits** if they have been living together in a conjugal relationship for 24 consecutive months.

NAME: LAST	FIRST / MIDDLE	DATE OF BIRTH MONTH	DAY	YEAR	SEX	RELATIONSHIP

COORDINATION OF BENEFITS

Is benefit coverage available to you and/or Dependants from another plan? Yes ☐ No ☐

If Yes, please provide:
Name of individual covered as the member under the other plan: _____.

Name of other plan: _____.

Relationship (ie: spouse, ex-spouse, step-parent to my Dependants, guardian to my Dependants): _____.

Family Coverage ☐ Single Coverage ☐

COMPLETE BOTH SIDES AND RETURN TO THE PLAN ADMINISTRATION OFFICE

45 McIntosh Drive, Markham, Ontario L3R 8C7

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WELFARE BENEFICIARY – BOILERMAKERS' NATIONAL WELFARE FUND (CANADA) (IF APPLICABLE)

Life Insurance and Accidental Death and Dismemberment

BENEFICIARY NAME: LAST	FIRST / MIDDLE	RELATIONSHIP

APT. NO.	NUMBER / STREET	CITY	PROVINCE	POSTAL CODE

Should the Beneficiary be under the Age of Majority: (Not applicable in Quebec)

TELEPHONE

I hereby appoint _____ as Trustee to receive any amount(s) payable to any Beneficiary under the Age of Majority.

Trustee's Name _____ Relationship _____
first name, last name

If the above named predeceases me, my contingent beneficiary is _____ .

If no contingent beneficiary has been appointed, benefits payable on or after my death are to be paid to my Estate.

PENSION BENEFICIARY – BOILERMAKERS' NATIONAL PENSION FUND (CANADA) *Pension Plan Registration Number 0366708*

BENEFICIARY NAME: LAST	FIRST / MIDDLE	RELATIONSHIP

APT. NO.	NUMBER / STREET	CITY	PROVINCE	POSTAL CODE

Should the Beneficiary be under the Age of Majority: (Not applicable in Quebec)

TELEPHONE

I hereby appoint _____ as Trustee to receive any amount(s) payable to any Beneficiary under the Age of Majority.

Trustee's Name _____ Relationship _____
first name, last name

If the above named predeceases me, my contingent beneficiary is _____ .
If no contingent beneficiary has been appointed, benefits payable on or after my death are to be paid to my Estate.
In the event of your death, your spouse is automatically the first person eligible to receive a pension benefit (unless a spousal waiver is on file), no matter who you designate as a beneficiary. Your beneficiary will become eligible for benefits only if you do not have a spouse on your date of death.

Caution: Your designation of a Beneficiary by means of this Member Information Form will not be revoked or changed automatically by any future event (including marriage or divorce) unless required by law or regulation. Should you wish to change your Beneficiary, you must do so by completing a new Member Information Form.

Privacy Statement: The Plans will collect, maintain and communicate only the personal information considered necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may use and exchange information with relevant persons or organizations (health professionals, institutions, investigative agencies, insurers, re-insurers, regulators, legal counsel, employers) in order to manage the Plans and entitlement to the benefits of the Plans. Questions related to the Privacy Policy should be directed to the Privacy Officer. By signing this Membership Information Form, I hereby consent to the collection, use and disclosure of my personal information as described in the Privacy Statement.

Please ensure that your signature is witnessed by someone other than your Spouse or Beneficiary.

Date _____ **Member's Signature** _____

Witness to Member's Signature _____

Witness Telephone: _____ **Witness address:** _____

_____

Witness Email: _____ _____

_____

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