



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

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Boilermakers' National Pension Fund (Canada) Plan Registration Number 0366708 and Boilermakers' National Health Fund (Canada)

BOILERMAKERS' NATIONAL PENSION PLAN (CANADA) PENSION PLAN REGISTRATION NUMBER 0366708 APPLICATION FOR PENSION DEATH BENEFIT

1. Name of Deceased _____
2. Social Insurance Number of Deceased _____
3. Deceased's marital status at time of death _____
4. Name and address of Spouse _____
(attach copy of marriage certificate)
5. Date of Marriage _____
6. Date of Birth of Deceased _____ 7. Date of Death of Deceased _____
(Attach copy of birth certificate) (Attach copy of death certificate)
8. Last Date of Employment as a Boilermaker Union Member _____
9. Name of last Employer _____

If Beneficiary (Claimant) is Estate:

- Name of executor or administrator _____
- Telephone number (including area code) _____

If Beneficiary (Claimant) is other than Estate:

- Name of Beneficiary (Claimant) _____
- Address of Beneficiary (Claimant) _____
- Social Insurance Number of Beneficiary (Claimant) _____
- Date of Birth of Beneficiary (Claimant) _____
(Attach copy of birth certificate)
- Relationship to Deceased _____
- Telephone of the Beneficiary/Claimant (including area code) _____

I hereby certify that the foregoing statements and answers are complete and correctly reported to the best of my knowledge and belief. I hereby consent the use of Personal Information for record keeping, reporting and Plan administration.

DATED AT _____ THIS _____ DAY OF _____, 20_____

Signature of Witness

Signature of Beneficiary/Claimant

ADDRESS

ADDRESS

Privacy Statement: The Boilermakers' National Health Plan (Canada), the Boilermakers' National Pension Plan (Canada) (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.