



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

Administration Office
45 McIntosh Drive, Markham, Ontario L3R 8C7

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

BOILERMAKERS' NATIONAL PENSION PLAN (CANADA)

APPLICATION FOR A RETIREMENT BENEFIT

MEMBER'S PERSONAL INFORMATION (see Privacy Statement on next page)

Name: _____ Social Insurance Number: _____

Address: _____

City and Province: _____ Postal Code: _____ Tel No: _____

Email Address: _____

Latest Initiation Date: _____

Requested Retirement Date: _____

Cannot be before the first of the month following receipt of Application. Retroactive payments are not permitted.

Date of Birth: _____ (Please attach a copy of your Birth Certificate)

My Last Date of Employment with a Contributing Employer will be _____

My Last Employer before my retirement will be _____

I worked under a Shop Agreement: _____ Construction Agreement: _____

My Marital Status is (please check all applicable):

_____ Married Date of Marriage _____ (attach a copy of Marriage Certificate)

_____ Cohabiting in marriage like relationship for _____ years (attach a Statutory Declaration of Common-Law Relationship)

_____ Widowed

_____ Single

_____ Divorced or Separated and my Former Spouse is (please check one):

_____ Entitled to a portion of my Pension Benefit (attach copy of Divorce Order or written Separation Agreement). The name and address of your former Spouse should be shown below.

_____ Entitled to a portion of my Pension Benefit but I am unable to locate my former Spouse (attach copy of Divorce Order or written Separation Agreement)

_____ Not entitled to a portion of my Pension Benefit (attach copy of Divorce Order or written Separation Agreement)

Please note the Pension Plan may require the Former Spouse to complete the Waiver of Joint and Survivor Pension prescribed in legislation.





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PERSONAL INFORMATION ABOUT CURRENT SPOUSE OF MEMBER

Spouse's Name: _____ Social Insurance Number: _____

Address: _____

City and Province: _____ Postal Code: _____ Tel No: _____

Date of Birth: _____ (Please attach a copy of Spouse's Birth Certificate)

I am the Spouse of the Member described above. I hereby consent the use of my Personal Information for record keeping, reporting and plan administration purposes.

I hereby apply/do not apply (strike out one) for the sum of one hundred dollars (\$100.00) to be used by me to seek independent legal advice on my entitlements to the Pension Benefit. I am attaching the receipt from the lawyer. I am also attaching the Plan's Certificate of Independent Legal Advice.

Spouse's Signature

Date

INFORMATION ABOUT FORMER SPOUSE

Spouse's Name: _____

Address: _____

City and Province: _____ Postal Code: _____

NOTE: Effective January 1, 2011 the Plan rules provide that any Pension Contributions received by the Fund after your Retirement Date will be credited to a defined contribution benefit. No credit is given for any Special Funding Contribution in the collective agreement governing your employment. The credit given for post-retirement contributions will be based on the amount of contribution received by the Fund multiplied by the Pension Plan's transfer ratio as determined by the Trustees from time to time. In accordance with the Income Tax Act, Canada, 100% of Contributions, including the Special Funding Contribution, will be included in the Pension Adjustment (PA) income tax report prepared by your Employer. The PA reduces the amount you may contribute to your RRSP. You will continue to receive your Pension from the Plan. The Trustees reserve the right to amend the Plan rules at any time.

I am the Member described above and I confirm that I have decided to retire. I hereby declare that the information I have provided is true and accurate. I hereby consent the use of my Personal Information and the Personal Information of my Dependants and Beneficiaries for record keeping, reporting and plan administration purposes.

Member's Name

Member's Social Insurance Number

Member's Signature

Date

Witness to Member's Signature (Print Name)

Signature and Date

Please keep a copy of this Form for your records.
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 RELEVANT LEGISLATION. THE PLANS MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES) 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 PLAN ADMINISTRATION OFFICE.

Telephone Toronto Area: (905) 946-2530 • Toll Free: 1-800-668-7547 • Fax (905) 946-2535

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CONFIRMATION OF BENEFICIARY FORM

Caution: *Your confirmation of Beneficiary by means of this Form will not be revoked or changed automatically by any event including a future marriage or divorce. Should you wish to change your Beneficiary for any reason, you must do so by means of a new Confirmation of Beneficiary Form. This Form is only for the purpose of designating a pension Beneficiary for a Retired Member. Active Members continue to use the Plans' Member Information Card. Retired Members can continue to use the Member Information Card to designate a Pension Death Benefit and a Health and Welfare Plan Beneficiary.*

I, _____ hereby confirm that the Beneficiary appointed by me to receive any Pension payments falling due after my death is:

BENEFICIARY INFORMATION INCLUDING PERSONAL INFORMATION OF THE BENEFICIARY

Name of Beneficiary: _____

Beneficiary's Date of Birth: _____

Beneficiary's Social Insurance Number: _____

Beneficiary's Address: _____

City/Province: _____ Postal Code: _____

Tel No: _____ Email Address: _____

Relationship to Member: _____

If my Beneficiary predeceases me and no other has been appointed, such proceeds shall be payable to my Estate. I hereby consent the use of my Personal Information for record keeping, reporting and Plan administration purposes.

Member's Name

Member's Social Insurance Number

Signature of Witness to Members' Signature

Member's Signature

Name of Witness (Print)

Date

I hereby consent the use of my Personal Information for record keeping, reporting and Plan administration purposes.

Beneficiary's Signature

Date

Please keep a copy of this Form for your records.

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CERTIFICATE OF AUTHORIZED UNION REPRESENTATIVE

(PLAN MEMBER'S NAME)

The undersigned certifies that:

The Plan Member named above is a Member of Boilermakers' Local Lodge _____

from _____ to _____.

As at _____ (date) the Plan Member is in Good Standing in the Union: **Yes** ____ **No** ____

Signature of Local Lodge Authorized Representative: _____

Name of Local Lodge Authorized Representative (print): _____

Date: _____

Please keep a copy of this Form for your records.

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STATEMENT OF MARITAL STATUS (ALBERTA)

I, the undersigned, understand that the meaning of the word "Spouse" is, for an Alberta Participant in relation to another person,

- (i) a person who, at the relevant time, was married to that other person and had not been living separate and apart from that other person for 3 or more consecutive years, or
- (ii) if there is no person to whom subclause (i) applies, a person who, immediately preceding the relevant time, had lived with that other person in a conjugal relationship
 - (A) for a continuous period of at least 3 years, or
 - (B) of some permanence, if there is a child of the relationship by birth or adoption,

or shall mean such other definition as prescribed in the Alberta Employment Pension Plans Act as amended from time to time.

MEMBER'S PERSONAL INFORMATION

I, _____ hereby certify for the purposes of the Boilermakers' National Pension Plan (Canada), that as of the date of my retirement under the Plan,

_____ I do have a Spouse, as defined by the Employment Pension Plans Act;

_____ I do not have a Spouse, as defined by the Employment Pension Plans Act;

_____ I do have an ex-Spouse, or ex-Spouses (if yes, please attach a copy of your Divorce/Separation Agreement(s)).

(Full Name of Spouse – Please Print)

(Spouse's Date of Birth)

(Alberta Participant's Signature)

(Date Signed)

(Signature of Witness)

(Date Signed)

(Name of Witness – Please Print)

(Address of Witness)

*Questions about the collection of Personal Information should be directed to the Recording Secretary, Boilermakers' National Pension Fund (Canada) at the Administration Office.
Please keep a copy of this Form for your records.*





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REQUEST FOR DIRECT DEPOSIT OF PENSION BENEFIT PAYMENTS

MEMBER'S PERSONAL INFORMATION

Name: _____

Address: _____

Social Insurance Number: _____

Email Address: _____

➤ ***PLEASE ATTACH A SAMPLE PERSONALIZED DEPOSIT SLIP OR CHEQUE MARKED "VOID"***

Deposit to (Name of Financial Institution): _____

Address of Branch: _____

Bank Number

Transit Number

Account Number

The Trustees of the Boilermakers' National Pension Fund (Canada) are hereby authorized to deposit payments due to me to my account at the Financial Institution designated above. I hereby consent the use of my Personal Information and the Personal Information of my Dependants and Beneficiaries, for record keeping, reporting and Plan administration purposes.

Member's Signature

Date

Witness to Member's Signature (Print Name)

Signature and Date

Please keep a copy of this Form for your records.

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BOILERMAKERS' NATIONAL PENSION PLAN (CANADA)

DECLARATION OF COMMON-LAW RELATIONSHIP

MEMBER'S PERSONAL INFORMATION (see Privacy Statement on next page)

Name: _____ Social Insurance Number: _____

Address: _____

City and Province: _____ Postal Code: _____

Telephone Number: _____

I, _____ the above named and undersigned, solemnly declare that I have lived with
_____ in a conjugal relationship from _____ to the
present time at _____
(address)

1. There are children of the common-law relationship by birth or adoption (check one)

_____ yes _____ no

If yes, please provide the following information on each child:

First Name	Legal Last Name	Date of Birth



Check One
Yes No

2. My common-law Spouse and I:

- (a) have jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live or have lived
- (b) jointly own property other than our place of residence
- (c) have joint bank, trust credit union or charge card accounts
- (d) have declared each other as Spouses on federal income tax returns

_____	_____
_____	_____
_____	_____
_____	_____

- 3. (a) I have life insurance on myself that names my common-law Spouse as beneficiary
- (b) My common-law Spouse has life insurance on him/herself that names me as beneficiary

_____	_____
_____	_____

4. If none of the above apply, please provide other evidence that would support your conjugal relationship as common-law Spouses.

I, _____, solemnly declare that I have lived with _____
(name of common-law Spouse)

_____ in a conjugal relationship from _____ to the
(name of Member)

present time at _____
(address)

I hereby consent to the use of my Personal Information for record keeping, reporting and Plan administration purposes.

Member's Signature

Date

I hereby consent to the use of my Personal Information for record keeping, reporting and Plan administration purposes.

Common-law Spouse's Signature

Date

Name of Witness (Print)

Date

Signature of Witness

PRIVACY STATEMENT: THE PLAN WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLANS. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLAN SHOULD BE DIRECTED TO THE PLAN ADMINISTRATION OFFICE.

- This waiver form must be signed by a pension partner in order to permit a plan member to elect a form of pension that does not provide at least a 60% Joint and Survivor pension for the pension partner, if that plan member has pension partner at his or her pension commencement date.
 - Alternatively, this waiver form must be signed by a pension partner in order to permit a plan member to elect a form of annuity that does not provide at least a 60% Joint and Survivor annuity for the pension partner, if that plan member has pension partner at the date of annuity purchase.
 - This waiver form is not valid unless it is signed and filed with the plan administrator not more than 90 days before the pension commencement date of the plan member.
- 1 Section 90(2) and 99(1) of the *Employment Pension Plans Act* (SA 2012 cE-8.1) require that if a plan member has a pension partner on his or her pension commencement date, the form of pension must be a 60% Joint and Survivor pension, unless the pension partner agrees to a different form of pension by signing this waiver form.
 - 2 A minimum 60% joint and survivor form of pension is a pension that is payable during the lives of the plan member and his or her pension partner and, after the death of one of them, is payable to the survivor for life in an amount that is not less than 60% of the amount that would have been payable to the plan member had the death not occurred.
 - 3 By signing this waiver form, the pension partner gives up the right to the minimum 60% Joint and Survivor pension. This form must be signed and filed with the plan administrator not more than 90 days before the pension commencement date of the plan member.
 - 4 The "pension commencement date" is the date the plan member selects as the date on which the plan member's pension is to start.
 - 5 Being the "pension partner" means that
 - (a) I am married to the plan member and have not been living separate and apart from that person for a continuous period longer than 3 years, or
 - (b) if paragraph (a) above does not apply to me and there is no other person to whom paragraph (a) does apply, I have been living with the plan member in a marriage-like relationship, for a continuous period of at least 3 years or in a relationship of some permanence, if there is a child of our relationship by birth or adoption immediately preceding the date on which I have signed this waiver form.

I, _____, am the pension partner of
name of pension partner

name of plan member

- 6 Pension funds for the plan member are currently held in _____,
name of pension plan
 a pension plan regulated in accordance with the *Employment Pension Plans Act* and the *Employment Pension Plans Regulation* (in this waiver form referred to as "the legislation").
- 7 I understand that I do not have to sign this waiver form unless I agree to the plan member electing a form of pension that provides less than a 60% joint and survivor pension. Nonetheless, I am signing this waiver form to permit the plan member to choose:
 - a different level of a joint and survivor pension, or
 - a form of pension other than a joint and survivor, which will not guarantee a pension for my lifetime and may not provide me with any death benefit at all.
- 8 I understand that signing this waiver form does not affect any rights that I could have as a result of any breakdown or potential breakdown in the relationship between the plan member and myself.

- 9 I understand that this waiver form has no effect unless it is signed and filed with the plan administrator not more than 90 days before the pension commencement date of the plan member.
- 10 I have chosen to sign this waiver form and, in so doing, give up my entitlement to the 60% Joint and Survivor pension required by the legislation.

CERTIFICATION OF PENSION PARTNER

I certify that

- (a) I have read this waiver form and understand it and the potential results of my signing it,
- (b) I have seen the plan member's retirement statement and know the potential impact this decision could have on any benefit that I am entitled to,
- (c) I am signing this waiver form of my own free will,
- (d) the plan member is not present while I am signing this waiver form,
- (e) I realize that
 - (i) this waiver form only gives a general description of the legal rights I have under the legislation, and
 - (ii) if I wish to understand exactly what my legal rights are, I must read the legislation and, if necessary, consult a professional with pension expertise,
- (f) the information that I have given in this waiver form is true, to the best of my knowledge, at the time when I sign this waiver form. If any of that information changes, I will notify the plan administrator of the change, and
- (g) I am aware that I am entitled to a copy of this waiver form.

I sign this waiver form on _____
Dated (mmm dd, yyyy)

Address of Pension Partner Telephone Number of Pension Partner

Signature of Pension Partner

STATEMENT OF WITNESS

I certify that I witnessed this pension partner sign this waiver form in the absence of the plan member on

Dated (mmm dd, yyyy)

Name of Witness (PRINT)

Address of Witness Telephone Number of Witness

Signature of Witness

For further information, please contact _____
name of plan administrator

at _____
contact information



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CERTIFICATE OF INDEPENDENT LEGAL ADVICE

Plan Member's Name: _____

I, _____ [insert your name] am the Spouse of the Plan Member named above. I understand that, under the terms of applicable pension legislation, I am entitled to a joint and survivor pension from the Boilermakers' National Pension Plan (Canada) (the "Pension Plan"). I have chosen my own Legal Counsel and that person or firm is named below. This entitlement has been explained to me by my Legal Counsel. I understand that, if I am waiving my entitlement which has been explained to me by my Legal Counsel, I must complete a waiver of joint and survivor pension (the "Waiver Document") prescribed by pension legislation. I understand that the Waiver Document will be filed with the Pension Plan. I understand that, once the Waiver Document has been filed with the Pension Plan, the Pension Plan will commence a pension payable to the Plan Member named above based on the documents filed with the Pension Plan, including the Waiver Document, if any.

I hereby acknowledge that all of the statements made in this Certificate of Independent Legal Advice are true and that the Legal Counsel named below was consulted by me as my personal legal counsel and in my interest only.

Signature of Spouse of the Plan Member: _____

Name and Address of Independent Legal Counsel: _____

The Certificate of Independent Legal Advice must be filed with the Pension Plan prior to the commencement of any pension from the Pension Plan.





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RETIRED MEMBER'S AUTHORIZATION TO DISCLOSE INFORMATION

Retired Member Name:	
Retirement Date:	

Dear Retired Member,

Occasionally, the Union Lodge Offices request information from the Plans regarding Retired Members. This information is then used for newsletters issued to Union Members, for example, which Members retired during the year.

The Plans require your authorization to provide your information regarding your retirement date to the Union Lodge Offices. If you provide authorization, the Plans will provide your name and retirement date to the Union Lodge Offices if they request it. Please note the information released to the Union Lodge Offices will not include your address, date of birth or pension amount.

Please note, if contributions to the Plan are due in respect of work you have done, relevant information may be provided to the Union Lodge Offices, particularly if an employer has not remitted on time or accurately.

If you do not provide your authorization below or if you do not respond to this package, the Plans will not provide information to the Union Lodge Offices regarding your retirement.

Please do not hesitate to contact the Plan Administration Office if you have any questions regarding this information.

AUTHORIZATION TO RELEASE INFORMATION

I _____, have read the information above and

- () do
- () do not

authorize the Boilermakers' National Benefit Plans (Canada) to provide the Union Lodge Offices with my name and the date of my retirement.

Signature of Member

Date



Checklist

Required Forms to be completed, signed and returned to the Administration Office

- Application for Retirement Benefit
- Confirmation of Beneficiary
- Certificate of Authorized Union Representative
- Statement of Marital Status
- Pension Option Election

Documents to be enclosed with your completed Application for Retirement Benefit

- A copy of your Birth Certificate, or another acceptable proof of age document
- A copy of your Spouse's Birth Certificate, if applicable, or another proof of age document
- A copy of Divorce Papers or Separation Agreement, if applicable

Supplementary Forms, if applicable, to be completed, signed and returned to the Administration Office

- Waiver of Joint and Survivor Pension
- Statutory Declaration of Common-Law Relationship
- Request for Direct Deposit of Pension Benefit Payments
- Certificate of Authorized Legal Advice
- Retired Members Authorization to Disclose Information