



# 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**

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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: \_\_\_\_\_

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## STATEMENT OF MARITAL STATUS (BRITISH COLUMBIA)

Spouse means in relation to another person:

- the person who, at the relevant time, was married to that other person, and who, if living separate and apart from that other person at the relevant time, did not live separate and apart from that other person for longer than the 2 year period immediately before the relevant time, OR, if the above does not apply:
- The person with whom you lived and cohabited with in a marriage-like relationship, including a marriage-like relationship between persons of the same gender, for at least 2 consecutive years immediately prior to the relevant date;

or shall mean such other definition as prescribed in the Pension Benefits Standards Act of British Columbia.

### 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 Pension Benefits Standards Act of British Columbia;

\_\_\_\_\_ I do not have a Spouse, as defined by the Pension Benefits Standards Act of British Columbia;

\_\_\_\_\_ 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)

\_\_\_\_\_  
(Plan Member'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**

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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.



**Form 2**

(sections 23.1, 29 (7) (h) and (9), 30 (8) (j) and (10), 31 (1) and 34 (2))

**SPOUSE’S WAIVER OF ENTITLEMENTS UNDER A PENSION PLAN,  
AN RRSP, A LIFE ANNUITY OR A LIF CONTRACT**

- 1 I, .....,
- am the “spouse” of .....[full name], who is a member or former member of a pension plan regulated by the *Pension Benefits Standards Act* of British Columbia.
- 2 Being the member or former member’s “spouse” means that (check one)
- I am married to the member or former member, and have not been living separate apart from that person for the preceding two years,
  - I have been living with the member or former member, as husband and wife, for the preceding 2 years, or
  - I am the same gender as, and have been living with, the member or former member in a marriage like relationship for the preceding 2 years.
- 3 I understand that the *Pension Benefits Standards Act* requires that the benefits earned by a member or former member under a pension plan must be paid as at least a 60% joint and survivor pension. This means that if my spouse dies after the payments start, it is my entitlement to receive lifetime payments of at least 60% of the amount paid to my spouse unless I waive my entitlements.
- 4 I understand that if I sign this waiver form and it is filed with the plan administrator, RRSP or life insurance or LIF issuing company, I waive my entitlements to the minimum 60% joint and survivor pension. I further understand that signing this waiver means that (check one)
- (a) if a pension is to be paid, my spouse may elect a pension that
    - (i) gives me a different survivor benefit, or
    - (ii) gives me no survivor benefit at all, or
  - (b) if the pension is to be cashed out because the person who owns the entitlement is age 65 or older and that person’s total entitlements are less than the prescribed amount, because the person who owns the entitlement has ceased to be a resident of Canada, or due to shortened life expectancy
    - (i) payment will be made to my spouse as a cash lump sum or as a series of payments for a fixed period, and
    - (ii) this may give me no survivor benefit at all.
- 5 I certify that I am waiving my entitlements to receive the minimum 60% joint and survivor pension, and that
- (a) I will receive (check one)
    - no payments after my spouse dies,
    - no payments after my spouse dies except for payments until .....[date] under the ..... year guarantee period,
    - payments of .....% (less than 60%) of the amount paid to my spouse after my spouse dies,
    - whichever of the above my spouse chooses;
  - (b) I have read this form and understand it;
  - (c) I have reviewed the information provided to my spouse by the plan administrator, RRSP or life annuity or LIF contract issuing company;
  - (d) neither my spouse nor anyone else has put any pressure on me to sign this form;
  - (e) my spouse is not present while I am signing this form;

- (f) I realize that
  - (i) this form only gives a general description of the legal rights I have under the *Pension Benefits Standards Act* and the regulations, and
  - (ii) if I wish to understand exactly what my legal rights are I must read the *Pension Benefits Standards Act* and regulations, and/or seek legal advice;
- (g) I realize that I am entitled to a copy of this waiver form.

6 To waive my entitlements, I sign this waiver form at

.....[city] on .....[date]

.....  
Signature of Spouse

.....  
.....  
.....

Address of Spouse

(home telephone number): .....

(work telephone number): .....

**STATEMENT OF WITNESS**

I certify that

- (a) My full name is .....
- (b) My address is .....
- (c) I witnessed this spouse sign this waiver in the absence of his or her spouse.

.....[date]  
Signature of Witness

(home telephone number): .....

(work telephone number): .....

**COMMENTS AND INSTRUCTIONS**

This form must be completed where a spouse wishes to waive his or her entitlement to the 60% joint and survivor form of life annuity that is required under the *Pension Benefits Standards Act* of British Columbia.

The form must be

- completed in its entirety,
- signed by the spouse and witnessed not earlier than 90 days before the date that the life annuity payments are to commence,
- signed outside of the immediate presence of the annuitant, and
- filed with the pension plan administrator, RRSP underwriter or life annuity or LIF contract issuing company, as the case may be.

For further information please contact the plan administrator, your employer, savings institution or insurance company holding the money, or the Pensions Department of the Financial Institutions Commission of British Columbia, 13450 102nd Avenue, Suite 1200, Surrey, BC V3T 5X3; telephone: 604 953-5300, fax: 604 953-5301.



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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**

<b>Retired Member Name:</b>	
<b>Retirement Date:</b>	

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