



# 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)

### 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.

**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.

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

**I consent to the collection, use and disclosure of my personal information**  YES  NO

\_\_\_\_\_  
**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.*

**Privacy Statement:** I authorize 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 to collect, maintain, use and disclose my personal 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 my 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.

**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 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.

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

**I consent to the collection, use and disclosure of my personal information** \_\_\_YES \_\_\_NO

\_\_\_\_\_  
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 \_\_\_\_\_ ("the Union")

from \_\_\_\_\_ to \_\_\_\_\_  
(from latest Initiation Date to last date as a Member in Good Standing)

as at \_\_\_\_\_ (date) the Plan Member is in Good Standing in the Union: **Yes** \_\_\_\_ **No** \_\_\_\_

This document is being provided to the Plan Administration Office as the Member has applied for a Retirement Benefit from the Boilermakers' National Benefit Funds (Canada). The Union Local Lodge Office will advise the Plan Administration Office if there is a change in the Plan Members' status with the Union at any time.

Signature of Local Lodge Authorized Representative: \_\_\_\_\_

Name of Local Lodge Authorized Representative (print): \_\_\_\_\_

Date: \_\_\_\_\_

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**APPLICANT'S STATEMENT OF MARITAL STATUS (BRITISH COLUMBIA)**

\_\_\_\_\_  
 (Print Plan Member's Name)

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, \_\_\_\_\_ (please print) 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)).

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

**I consent to the collection, use and disclosure of my personal information** \_\_\_YES \_\_\_NO

\_\_\_\_\_  
**Spouse's Full Name (Please Print)**

\_\_\_\_\_  
**Spouse's Date of Birth**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Printed Name of Applicant and Date Signed**

\_\_\_\_\_  
**Witness Signature \***

\_\_\_\_\_  
**Printed Name of Witness\* and Date Signed**

\_\_\_\_\_  
**Address, Phone Number and Email Address of Witness \***

**\*Witness cannot be a family member**

*Please keep a copy of this Form for your records.*

*Any person entitled to a Benefit, or the Pension partner or the designated or agent of that person is permitted to examine the Plan documents.*

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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: \_\_\_\_\_

<b>Bank Number</b>	<b>Transit Number</b>	<b>Account Number</b>
_____	_____	_____

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I consent to the collection, use and disclosure of my personal information  YES  NO

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness to Member's Signature (Print Name)**

\_\_\_\_\_  
**Signature and Date**

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# Checklist

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

- Application for Retirement Benefit (2 pages)
- Confirmation of Beneficiary Form
- Certificate of Authorized Union Representative
- Statement of Marital Status
- Retirement Pension Option
- Release and Indemnity Form
- Retired Member's Authorization to Disclose Information
- Health Plan – Benefit Election Form, if applicable

## **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 your Marriage Certificate, if applicable
- 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
- Declaration of Common-Law Relationship
- Request for Direct Deposit of Pension Benefit Payments
- Certificate of Authorized Legal Advice
- Federal - Personal Tax Credits Return Form
- Provincial – Personal Tax Credits Return Form