



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: _____

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STATEMENT OF MARITAL STATUS (NEW BRUNSWICK)

I, the undersigned, understand that the meaning of the word "Spouse" shall mean, in respect of a New Brunswick Participant, the person who, at the date of determination:

- (a) is married to the Participant,
- (b) is married to the Participant by a marriage that is voidable but has not been annulled by a declaration of nullity,
- (c) in good faith, has gone through a form of marriage with the Participant that is void and who is cohabiting or, if they have ceased to cohabit, has cohabited with the Participant within the preceding 12-month period, or
- (d) is not married to the Participant, but was cohabiting in a conjugal relationship with the Participant for a continuous period of at least two (2) years;

or shall mean such other definition as prescribed in the New Brunswick Pension Benefits Act as amended from time to time.

At no time shall more than one (1) person be a Spouse hereunder in respect of a Participant. In the event there is more than one (1) person having claims to be a Spouse, the Trustees will make the determination as to which person is the Participant's Spouse on the basis of evidence available to them which they consider sufficient for the purpose of such determination.

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 Act;

_____ I do not have a Spouse, as defined by the Pension Benefits 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)

(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.

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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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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 5**JOINT AND SURVIVOR PENSION WAIVER**
*(General Regulation - Pension Benefits Act, s.26(1))*TO: _____,
name of administratoradministrator of _____
name of pension plan

- OR -

_____, financial institution
name of financial institution

that sells or sold the annuity to which a locked-in retirement account or life income fund is being or has been converted.

We, the undersigned, direct you under subsection 41(4) of the *Pension Benefits Act* to waive the following described joint and survivor pension: *(Describe the entitlement of the spouse or common-law partner to the pension, including the periodic amount the entitlement would be if this waiver were not signed.)*in respect of _____
name of person who is a member, a person entitled to the deferred pension, an owner of the locked-in retirement account or life income fund to be or being converted or an annuitant of the deferred life annuity_____
mailing address_____
postal code_____
date of birth_____
social insurance numberand _____
name of person's *spouse/*common-law partner
(*"the spouse"/*"the common-law partner")of _____
mailing address_____
postal code_____
date of birth_____
social insurance number**FORMULE 5****RENONCIATION À LA PENSION COMMUNE ET DE SURVIVANT**
*(Règlement général - Loi sur les prestations de pension, art.26(1))*DESTINATAIRE: _____,
nom de l'administrateuradministrateur de _____
nom du régime de pension

- OU -

_____, institution financière
nom de l'institution financière

qui vend ou qui a vendu la rente à laquelle le compte de retraite immobilisé ou le fonds de revenu viager est en voie de conversion ou a été converti.

Nous, soussignés, vous donnons instructions en vertu du paragraphe 41(4) de la *Loi sur les prestations de pension* de renoncer à la pension commune et de survivant qui est décrite ci-après: *(Décrivez le droit à la pension du conjoint ou du conjoint de fait, y compris le montant périodique du droit si, la présente renonciation n'était pas signée.)*à l'égard de _____
nom de la personne qui est un participant, une personne qui a droit à la pension différée, un propriétaire du compte de retraite immobilisé ou du fonds de revenu viager qui sera converti ou est en voie d'être converti ou du rentier de la rente viagère différée_____
adresse postale_____
code postal_____
date de naissance_____
numéro d'assurance socialeet _____
nom du *conjoint *ou du conjoint de fait de la personne
(*« le conjoint » *ou « le conjoint de fait »)de _____
adresse postale_____
code postal_____
date de naissance_____
numéro d'assurance sociale

The person who is a member, entitled person, owner or annuitant is entitled to choose one from among the following options: *(Number and describe options.)*

La personne qui est un participant, une personne qui a un droit, un propriétaire ou un rentier a droit de choisir l'une des options suivantes : *(Numérotez et décrivez les options.)*

and has chosen option number _____
number of option chosen

et a choisi l'option numéro _____
numéro de l'option choisie

Statement of Spouse or Common-law Partner
Signing Waiver

Déclaration du conjoint ou un conjoint de fait signant
la renonciation

I understand that as a result of my signing this waiver

Je comprends que par suite de ma signature de la présente renonciation

(a) I waive any right I may have to a survivor pension of at least sixty per cent of my *spouse's benefit/*common-law partner's benefit should my *spouse/*common-law partner predecease me,

a) Je renonce à tout droit que je puis avoir à la pension de survivant d'au moins soixante pour cent des prestations de mon *conjoint *ou de mon conjoint de fait au cas où il me précéderait,

(b) my *spouse/*common-law partner will be able to receive the option chosen above, and

b) mon *conjoint *ou mon conjoint de fait pourra recevoir l'option choisie ci-dessus, et

(c) I will receive no survivor pension or I will receive a pension that is less than sixty per cent of my *spouse's/*common-law partner's pension.

c) Je ne recevrai aucune pension de survivant ou je recevrai une pension qui est de moins de soixante pour cent de la pension de mon *conjoint *ou de mon conjoint de fait.

NOTE:

REMARQUE :

(a) This waiver may be revoked at any time before the pension is paid from the pension plan or annuity by completing a revocation of joint and survivor pension waiver form.

a) La présente renonciation peut être annulée en tout temps avant que la pension ne soit payée à partir du régime de pension ou de la rente en remplissant une formule de révocation d'une renonciation à la pension commune et de survivant.

(b) The person who is a member, entitled person, owner or annuitant and the spouse or common-law partner may obtain independent legal or other advice concerning their individual rights and the effect of signing this waiver.

b) La personne qui est un participant, une personne qui a un droit, un propriétaire ou un rentier et le conjoint ou le conjoint de fait peuvent obtenir un avis légal ou autre avis indépendants concernant leurs droits individuels et l'effet de leur signature à la présente renonciation.

(c) If the person who is a member, entitled person, owner or annuitant chooses a pension that provides the spouse or common-law partner with benefits that are at least as favourable to the spouse or common-law partner as those provided under the *Pension Benefits Act*, this waiver need not be signed.

c) Si la personne qui est un participant, une personne qui a un droit, un propriétaire ou un rentier choisit une pension qui prévoit pour le conjoint ou le conjoint de fait des prestations qui sont au moins aussi avantageuses pour lui que celles qui sont prévues en vertu de la *Loi sur les prestations de pension*, la présente renonciation n'a pas besoin d'être signée.

(d) This waiver is not valid unless it is delivered, within the year preceding payment of the pension, to the administrator of the pension plan or the financial institution that sells or sold the annuity to which a locked-in retirement account or life income fund is being or has been converted.

The *spouse/*common-law partner acknowledges that he or she has read the contents of this waiver form, signs it freely and voluntarily and understands the consequences of signing it.

Declared before me _____ at _____ this
____ day of _____, 20____

Signature of Declarant

* A Notary Public in _____ or A Commissioner of
and for the _____ Oaths* Being a Solicitor*My Commission
of _____ Expires _____

(Seal)

***DELETE INAPPLICABLE PORTIONS. MUST BE
TAKEN BY A NOTARY PUBLIC IF DECLARED OUT-
SIDE NEW BRUNSWICK.**

2003-87; 2011-60

d) La présente renonciation n'est valide que si elle est dé-
livrée, dans l'année précédant le paiement de la pension, à
l'administrateur du régime de pension ou à l'institution fi-
nancière qui vend ou a vendu la rente à laquelle un compte
de retraite immobilisé ou un fonds de revenu viager est en
voie de conversion ou a été converti.

Le *conjoint *ou le conjoint de fait reconnaît qu'il a lu la
teneur de la présente formule de renonciation, qu'il l'a si-
gnée librement et volontairement et qu'il comprend les con-
séquences qu'entraînera l'apposition de sa signature.

Déclaré(e) devant moi _____ à _____ le
_____ 20____

signature du déclarant

* Notaire dans et pour _____ ou Commissaire aux ser-
la _____ ments* en ma qualité
de _____ d'avocat*Ma commis-
sion expire le _____

(Sceau)

***RAYEZ LES MENTIONS INUTILES. DOIT ÊTRE
FAITE DEVANT UN NOTAIRE SI LA DÉCLARATION
EST FAITE À L'EXTÉRIEUR DU NOUVEAU-
BRUNSWICK.**

2003-87; 2011-60



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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