



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

Administration Office
45 McIntosh Drive, Markham, Ontario L3R 8C7
Tel: 905-946-2530 • Fax: 905-946-2535

Administration Office
15220-114 Avenue, Edmonton, AB, T5M 2Z2
Tel: 780-455-3502 • Fax: 780-488-7423

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: _____

Latest Initiation Date: _____

Email Address: _____

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
Beneficiary's Signature	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.

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: _____

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.

APPLICANT'S STATEMENT OF MARITAL STATUS (NOVA SCOTIA)

(Please Print Member's Name)

I, the undersigned, understand that the meaning of the words "Spouse" and "Common-Law Partner" for a Nova Scotia Participant is as defined in The Pension Benefits Act of Nova Scotia as follows:

"Spouse" means either of two persons who

- (i) are married to each other,
- (ii) are married to each other by a marriage that is voidable and has not been annulled by a declaration of nullity,
- (iii) have gone through a form of marriage with each other, in good faith, that is void and are cohabiting or, where they have ceased to cohabit, have cohabited within the twelve-month period immediately preceding the date of entitlement,
- (iv) are domestic partners within the meaning of Section 52 of the Vital Statistics Act, or
- (v) not being married to each other, cohabited in a conjugal relationship with each other
 - (a) for a period of at least three years, if either of them is married, or
 - (b) for a period of at least one year, if neither of them is married;

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

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 Nova Scotia Pension Benefits Act;
- _____ I do not have a Spouse, as defined by the Nova Scotia Pension Benefits Act;
- _____ 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.

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.

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
_____	_____	_____

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 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.

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