



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

E-mail: questions@boilermakersbenefits.ca • Web: www.boilermakersbenefits.ca



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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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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 7

Spousal Waiver - Pre-Retirement Death Benefit Under a Pension Plan

► Why complete this form?

Complete this form if the following statements are true:

- You are the spouse of a member or former member of a pension plan.
- You agree to waive your right to any pre-retirement death benefit provided by Section 67 of the Pension Benefits Act.

Before you complete this form, you should have a private conversation with your own lawyer about how the completion of this form affects your individual rights.

1 ► Give information about the pension plan

Name of plan: _____

Registration number: _____

Name of the administrator: _____

Address: _____

Postal code: _____ Phone number: _____

2 ► Give information about the member or former member

Last name: _____

First name: _____ Middle name: _____

Address: _____

Postal code: _____ Phone number: _____

Date of birth (yyyy/mm/dd): _____

3 ► Give information about the spouse

Last name: _____

First name: _____ Middle name: _____

Address: _____

Postal code: _____ Phone number: _____

4 ▶ Sign the waiver

I **certify** that I am the spouse of _____,
who is a member or former member of the pension plan named in this form.

I **understand** that I am entitled to receive a pre-retirement death benefit under one of the following conditions:

- my spouse dies before the payment of the deferred pension
- my spouse continues to be employed after the normal retirement date, before pension benefits are paid.

I **understand** that completing and signing this form takes away my right to receive the benefits described above. Instead, the benefit will be paid to a beneficiary designated by my spouse or to the personal representative of my spouse's estate.

I **understand** that I may cancel this waiver at any time BEFORE the date the first instalment of the pension is due.

Signature: _____	Date (yyyy/mm/dd): _____
Signature of witness: _____	Date (yyyy/mm/dd): _____

This waiver must be signed before a witness. Your witness

- must be at least 18 years of age
- must NOT be your spouse
- must see you sign the form
- must sign, print their name, and date this form immediately after seeing you sign and date this form

5 ▶ Give information about the witness

Last name: _____
First name: _____ Middle name: _____
Address: _____
Postal code: _____ Phone number: _____

6 ▶ Give this waiver to the administrator of the pension plan.

Do not give this waiver to the Department of Finance and Treasury Board, Pension Regulation Division

Note: This waiver comes into effect ONLY AFTER it is delivered to the administrator of the pension plan.

It is an offence under the Criminal Code for anyone to knowingly make or use a false document with the intent that it be acted upon as genuine.

This form is approved by the Superintendent of Pensions under the Pension Benefits Act.

Questions? Call 902-424-8915 or email pensionreg@novascotia.ca

How we define spouse, domestic contract, member, former member, and waiver

Spouse

- The person you are married to.
- The person you are married to, if the marriage hasn't been legally ended.
- The person you thought you were married to, if you are still living together.
- The person you thought you were married to, if you have lived together in the last 12 months.
- The person who is your registered domestic partner under the Vital Statistics Act.
- The person you have been living with in a sexual relationship for at least one year, if neither of you are married to someone else.
- The person you have been living with in a sexual relationship for at least three years, even if one or both are you are married to someone else.

Domestic contract

A domestic contract means

- a written agreement that provides for a division between spouses of a pension benefit, deferred pension, or pension.
- a marriage contract as defined in the Matrimonial Property Act

Member – member of a pension plan

Former member – a person who is entitled to pension benefits and

- is no longer employed by the organization that provides the pension
- is no longer a member of the pension plan

Note: A person who had the right to some pension benefits earned by a spouse and is no longer in a relationship with that spouse is NOT considered a former member.

Waiver – a written agreement in which a person gives up a right to something to which they would ordinarily be entitled. For example, a written agreement in which a spouse gives up the right to receive pension benefits to which they would ordinarily be entitled.



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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