



# 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](mailto:questions@boilermakersbenefits.ca) • Web: [www.boilermakersbenefits.ca](http://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**

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Rev. 02/15



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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 (PRINCE EDWARD ISLAND)

Spouse means either of two persons who,

- (a) are married to each other and are not living separate and apart, or
- (b) are not married to each other and are living together in a conjugal relationship,
  - (i) continuously for a period of not less than three years, or
  - (ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child, both as defined in the Family Law Act,

or shall mean such other definition as prescribed in the Supplemental Pension Plans Act.

### 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 Supplemental Pension Plans Act;

\_\_\_\_\_ I do not have a Spouse, as defined by Supplemental Pension Plans 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.  
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.



**Waiver of Joint and Survivor Pension  
Prince Edward Island**

We, \_\_\_\_\_ and  
Member's Name

\_\_\_\_\_  
Name of Spouse

certify that we are spouses within the meaning of the Federal Government Pension Benefits Act.

We understand that under the Federal Government Pension Benefits Act, that the pension paid to the member from the

\_\_\_\_\_  
Name of Pension Plan

must be paid as a joint and survivor pension if we are spouses on the date the payment of the first installment of the pension is due and we are not living separate at that time. We also understand that the amount of pension payable to the surviving spouse must not be less than 60% of the pension paid to the Member.

We understand that we may waive our right to the joint and survivor pension by signing this waiver.

We hereby waive our right to a joint and survivor pension by signing this waiver in the presence of a witness.

We understand that we may revoke this waiver any time before the date of the commencement of payment of the Member's pension.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Witness to signature of Member

\_\_\_\_\_  
Name and address of Witness

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Witness to signature of Spouse

\_\_\_\_\_  
Name and address of Witness

**Prior to completing this form, each party should consider obtaining independent legal advice concerning their individual right and the effect of this waiver.**



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## BOILERMAKERS' NATIONAL PENSION PLAN (CANADA)

Administration Office

45 McIntosh Drive

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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.

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## **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