BOILERMAKERS LODGE 191 PENSION PLAN

APPLICATION FO	R ENROLM	ENT AND BENEFIC	IARY DESIGNATIO	N 🔲 NE	W REVISED
<u>`</u>		both pages in ink and print	clearly. Please ensure yo	u have signed and da	ated this form.
1. APPLICANT DA	TA .	O' Name	1.20.1.	000141 14101	IDANIOE NILIMBED
NAME: Surname		Given Name	Initials	SOCIAL INSU	IRANCE NUMBER
ADDRESS (No. and Str	reet)	CITY	PROVI	NCE POSTAL	CODE
TELEPHONE NUMBER	2	EMAIL ADDRESS		DATE OF BIRTH (\	ear, Month, Day)
GENDER	UNION AFFIL	I IATION AND LOCAL NO.	EMPLOYER	DATE OF EMPLOY	MENT(Year,Month,Day)
2. MARITAL STATE	US DECLAR	ATION			
Pension Plan, your Spo pension may have to be	ouse may be e e paid in a joint	mportant rights under the ntitled to a death benefit. survivor form, which will go to you depends on the pe	If on your pension com give your Spouse a surviv	mencement date yo or pension if they so	u have a Spouse, your urvive you.
If you work in British	C olumbia , you	have a Spouse if there is	a person who meets the	following descriptio	n:
fi tl (b)	person who, a com that other han the 2 year if paragraph (a, like relationship	at the relevant time, was person at the relevant tin period immediately preced does not apply, a person including a marriage-liked cohabiting in that relati	ne, did not live separate ding the relevant time, or n who was living and coh ke relationship between _l	and apart from that abiting with that other persons of the sam	other person for longer er person in a marriage- e gender, and who had
definition of Spouse tha	t applies to you	province than British Control of the Plan Administrator of above definitions or control	's contact information is	at the top of this pag	re.
	ot have a Spou	use lose name, birth date and	Social Insurance Number	ar is as follows:	
L Have	e a opouse, wi	iose name, birtir date and	Social insulance Number		Spause's Date of Birth
Last Name:		First Name:		Spouse's Social Insurance Number	Spouse's Date of Birth (Year, Month, Day)
IF MY MARITAL STA	ATUS CHANG	ES IN THE FUTURE, I UN THIS	NDERSTAND I MUST NO CHANGE.	OTIFY THE PLAN A	DMINISTRATOR OF

	esignation applies if you die before you withdraw	v your benefits from the Pensior	Plan. If you have	a Spouse (as defined in Section 2)
on you	ır date of death, the death benefit will be paid to	your Spouse, unless a valid wri	tten waiver is com	pleted by the Spouse. If you do not
have a	a Spouse at death, or your Spouse signs a wait	ver, the death benefit will be pa	aid to the beneficia	ry set out below. If on the date of
death	you have a former Spouse, he or she may have	ve an interest pursuant to matr	imonial property le	gislation in all or part of the death
	t. This interest may override, in whole or in part,			,
If I die	before I withdraw the benefits that are owing to	me under the Pension Plan, I	designate the follow	wing individual(s) or organization(s)
	beneficiary(ies) and revoke any prior designation		•	
NAM	IE (Surname, Given Name & Initials)	RELATIONSHIP	PERCENT	IMPORTANT NOTES
			%	
			%	beneficiary, show percentages.
			%	name a Trustee on his/her
			%	behalf
If cuffi	cient space is not available on this form for the b	eneficiary designation desired	check here	nd complete a separate sheet to be
				nd complete a separate sheet to be
attach	ed to this form. The attachment should also be s	signed and dated.		
	beneficiary is a minor, please name an adult Tru			
The A	dministrator of the Pension Plan shall have no re	esponsibility to monitor the action	ns of the named Tr	ustee.
You m	nay change your beneficiary at any time by co	ompleting and submitting a n	ew enrolment for	m to the Plan Administrator. The
new fo	orm may be obtained from the Plan Administr	rator or from your Employer.		
4. P	DIVA OV CTATEMENT			
4. F	RIVACY STATEMENT			
	Statement: I authorize the Boilermakers Lodge No. 191	Benefit and Pension Plans (togethe	r called "the Plans"),	their administrator Employee Benefit Plan
Privacy Services administ personal	Statement: I authorize the Boilermakers Lodge No. 191 s Limited, and providers working with the Plans or adm ration of the Plans. Personal information will be protect I information with relevant persons or organizations (em unsel, other plans or unions, pharmacies, regulators, re-	ninistrator to collect, maintain, use a cted pursuant to the applicable legis ployers, health benefit managers, he insurers) in order to manage the Plai	nd disclose my persi- slation. The Plans ma- ealth professionals, in- as and entitlement to	onal information that is necessary for the y collect, maintain, use and disclose my stitutions, insurers, investigative agencies, the benefits of the Plans, and may include
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3. BENEFICIARY DESIGNATION (Please complete this Section even if Section 2 is completed)

PLEASE SUBMIT COMPLETED FORM TO THE PLAN ADMINISTRATOR:

NAME OF APPLICANT (please print)

45 McINTOSH DRIVE, MARKHAM, ON L3R 8C7 Phone: 1-800-263-3564 Fax: 905-946-2535 email: questions@boilermakers191benefits.org