

BOILERMAKERS LODGE 191 PENSION PLAN

APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION

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NEW

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REVISED

This is a 2 sided form - please complete both pages in ink and print clearly. Please ensure you have signed and dated this form.

1. APPLICANT DATA

NAME: Surname		Given Name	Initials	SOCIAL INSURANCE NUMBER	
ADDRESS (No. and Street)		CITY	PROVINCE	POSTAL CODE	
TELEPHONE NUMBER		EMAIL ADDRESS		DATE OF BIRTH (Year, Month, Day)	
GENDER	UNION AFFILIATION AND LOCAL NO.	EMPLOYER	DATE OF EMPLOYMENT (Year, Month, Day)		

2. MARITAL STATUS DECLARATION

The person who is your Spouse has important rights under the Pension Plan. If you die before you withdraw your benefits from the Pension Plan, your Spouse may be entitled to a death benefit. If on your pension commencement date you have a Spouse, your pension may have to be paid in a joint survivor form, which will give your Spouse a survivor pension if they survive you.

The definition of "Spouse" that applies to you depends on the pension legislation in the province in which you work.

If you work in British Columbia, you have a Spouse if there is a person who meets the following description:

in relation to another person,

- (a) a person who, at the relevant time, was married to that other person, and who, if living separate and apart from that other person at the relevant time, did not live separate and apart from that other person for longer than the 2 year period immediately preceding the relevant time, or*
- (b) if paragraph (a) does not apply, a person who was living and cohabiting with that other person in a marriage-like relationship, including a marriage-like relationship between persons of the same gender, and who had been living and cohabiting in that relationship for a period of at least 2 years immediately preceding the relevant time;*

If you are working in a different province than British Columbia, you must contact the Plan Administrator to find out the definition of Spouse that applies to you. The Plan Administrator's contact information is at the top of this page.

I hereby certify that I have read the above definitions or contacted the Plan Administrator and that **as of the date of this declaration:** (PLEASE CHECK ONE)

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I do not have a Spouse

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I have a Spouse, whose name, birth date and Social Insurance Number is as follows:

Last Name: _____ First Name: _____

Spouse's Social
Insurance Number

Spouse's Date of Birth
(Year, Month, Day)

IF MY MARITAL STATUS CHANGES IN THE FUTURE, I UNDERSTAND I MUST NOTIFY THE PLAN ADMINISTRATOR OF THIS CHANGE.

3. BENEFICIARY DESIGNATION (Please complete this Section even if Section 2 is completed)

This designation applies if you die before you withdraw your benefits from the Pension Plan. If you have a Spouse (as defined in Section 2) on your date of death, the death benefit will be paid to your Spouse, unless a valid written waiver is completed by the Spouse. If you do not have a Spouse at death, or your Spouse signs a waiver, the death benefit will be paid to the beneficiary set out below. If on the date of death you have a former Spouse, he or she may have an interest pursuant to matrimonial property legislation in all or part of the death benefit. This interest may override, in whole or in part, your beneficiary designation.

If I die before I withdraw the benefits that are owing to me under the Pension Plan, I designate the following individual(s) or organization(s) as my beneficiary(ies) and revoke any prior designation I have made:

NAME (Surname, Given Name & Initials)	RELATIONSHIP	PERCENT	IMPORTANT NOTES
		%	☞ If you name more than one beneficiary, show percentages. ☞ If beneficiary is a minor, name a Trustee on his/her behalf
		%	
		%	
		%	

If sufficient space is not available on this form for the beneficiary designation desired, check here ☐ and complete a separate sheet to be attached to this form. The attachment should also be signed and dated.

If your beneficiary is a minor, please name an adult Trustee here: _____

The Administrator of the Pension Plan shall have no responsibility to monitor the actions of the named Trustee.

You may change your beneficiary at any time by completing and submitting a new enrolment form to the Plan Administrator. The new form may be obtained from the Plan Administrator or from your Employer.

4. PRIVACY STATEMENT

Privacy Statement: I authorize the Boilermakers Lodge No. 191 Benefit and Pension Plans (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

5. APPLICATION FOR ENROLMENT

I, the undersigned, hereby:

- apply to be enrolled as a Member of the Boilermakers Lodge 191 Pension Plan,
- certify that the information provided on this form is correct,
- consent to the collection, use and disclosure of my personal information by the Board of Trustees of the Pension Plan (or it's authorized agent) for the purpose of administering the Pension Plan and the benefits that may be conferred on Members of the Pension Plan,
- agree to be bound by all the terms and conditions of the Pension Plan,
- agree to promptly update the Board of Trustees or the Plan Administrator on any changes to the status of a Spouse or beneficiary, and
- agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Board of Trustees or the Plan Administrator on any change to the status of a Spouse or beneficiary.

SIGNATURE OF APPLICANT

DATE

NAME OF APPLICANT (please print)

**PLEASE SUBMIT COMPLETED FORM
TO THE PLAN ADMINISTRATOR:**

45 McINTOSH DRIVE, MARKHAM, ON L3R 8C7

Phone: 1-800-263-3564 Fax: 905-946-2535

email: questions@boilermakers191benefits.org