



UA Local 67 Pension Plan

Pension Application Form

Instructions

This is a two-page form. Please complete both pages, sign and date this form and return with the items on the application checklist. It will take approximately two months to process your application.

Reliable Administrative Services Inc.
195 Dartnall Road, Suite 102
Hamilton, Ontario L8W 3V9
Telephone (905)387-5861

Application checklist

- Confirmation of union membership
- Proof of age for you (**original or certified copies** of your birth certificate, citizenship certificate, or valid passport)
- Proof of age for your spouse (if you choose Option 3 or 4)
- Spouse's waiver of lifetime pension (if applicable)
- Direct deposit form
- Canada Revenue Agency form TD1
- Ontario TD1
- Appointment of beneficiary form

1. Member Details

Last Name: _____ First Name: _____
 Middle Name: _____ Social Insurance Number: _____
 Date of Birth: _____ Day / Month / Year Union Membership Number: _____
 Complete Mailing Address – Street: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Country (only if not Canada): _____ Telephone: _____

I am no longer working in the plumbing and pipefitting workers industry Date last worked _____ Day / Month / Year
 I wish to start my pension on: Day: 1st Month: _____ Year: _____ Last Employer _____

2. Spouse/Partner Details

Your spouse/partner is defined under Ontario pension law as a person of either sex who is (a) married to you and living with you, or (b) not married to you but has been living with you in a conjugal relationship continuously for a period of at least three years, or (c) living with you in a relationship of some permanence if you are the parents of your own or an adopted child.

I have a spouse/partner as defined above Provide details I do not have a spouse/partner as defined above Go directly to Section 3

Last Name: _____ First Name: _____
 Middle Name: _____ Date of Birth: _____ Day / Month / Year

3. Pension Payment Option (check one only and place your initial beside your selection)

I understand that once I start receiving my pension, the option I have chosen **cannot** be changed. If I have a spouse/partner, I am required by law to take Option 3 or Option 4, unless my spouse signs a waiver refusing his/her right to a pension. Only my spouse named at the time of my retirement will qualify for a spouse's pension.

- Initial
1. _____ **Ten-year guarantee ("normal pension"):** Pension paid for your life with payments continuing to beneficiary for remaining guarantee period if you die within first ten years.
 2. _____ **Life only:** Pension paid for your life with no payments continuing after your death.
 3. _____ **66 2/3% spouse's pension:** Pension paid for your life with 66 2/3% continuing to your spouse for his/her lifetime after your death.
 4. _____ **100% spouse's pension:** Pension paid for your life with 100% continuing to your spouse for his/her lifetime after your death.

4. Consent

I understand:

- ♦ that personal information is being collected on this form for the purpose of administering the pension plan, which includes enrolling members, determining eligibility, and making payments;
- ♦ that it may be necessary to disclose personal information to and collect personal information from individuals and organizations, such as, my spouse/partner and the pension plan's actuary for the identified purpose;
- ♦ that the privacy of the individuals about whom the information relates and the confidentiality of the personal information collected on this form will be protected in accordance with the relevant privacy policies and privacy law(s); and
- ♦ that I may withdraw all or part of my consent at any time, in writing, but that doing so may interfere with fulfilling the identified purpose.

I consent to the collection, use, and disclosure of my personal information, for the identified purpose, by the pension plan's Administrator and Board of Trustees, and the individuals and organizations that are authorized to act on their behalf.

I am authorized to disclose, on this form, personal information about other individuals, such as, my spouse/partner, to be used and disclosed for the identified purpose.

5. Signatures

I consent to the above terms and certify that all information provided on this form is accurate and true.

Member Signature _____ Date _____
Day / Month / Year

Witness Signature _____ Date _____
Anyone 21 or over including a family member Day / Month / Year

Witness Name _____
Please print

Complete Mailing Address of Witness – Street: _____

City/Town: _____ Province: _____ Postal Code: _____

Country (only if not Canada): _____

Your pension payment options

If you don't have a spouse or dependent children

Life with a 10-year guarantee

You will receive a monthly lifetime pension. If you die within 10 years of starting your pension, your beneficiary will continue to receive your monthly pension for the rest of the 10-year period. If you don't have a beneficiary, a one-time payment (equal to the total of payments remaining during the guarantee period) will be paid to your estate. If you die after the 10-year guarantee period, no death benefit will be paid.

Life only

You will receive a monthly lifetime pension. When you die, pension payments will stop; no further payments will be made from the plan. Because this option does not include a guarantee period, your monthly pension will be higher.

If you have a spouse and / or dependent children

Joint & survivor
66 2/3%

You will receive a lifetime pension. If you die before your spouse, he or she will receive a monthly lifetime pension equal to 66 2/3% of the pension you were receiving. This is referred to as a survivor pension.

If both of you and your spouse die, a monthly pension will be paid to your dependent children. The total monthly pension payments made to your dependent children will be equal to 66 2/3% of the pension you were receiving. Payments will continue to each child until they no longer qualify as a dependent.

Joint & survivor
100%

You will receive a lifetime pension. If you die before your spouse, he or she will receive a monthly lifetime pension equal to 100% of the pension you were receiving. Your pension will be reduced to reflect the cost of providing a higher survivor pension.

If both of you and your spouse die, a monthly pension will be paid to your dependent children. The total monthly pension payments made to your dependent children will be equal to 66 2/3% of the pension you were receiving. Payments will continue to each child until they no longer qualify as a dependent.



UA Local 67 Pension Plan WAIVER OF JOINT AND SURVIVOR PENSION

Form 3 - Approved by the Superintendent of Financial Services
pursuant to the *Pension Benefits Act*, R.S.O. 1990, c.P.8, as amended

Name of member or former member

We, _____
(referred to below as the "member or former member")

Name of spouse or same-sex partner
of member or former member

and _____,
(referred to below as the "spouse or same-sex partner")

certify that we are spouses or same-sex partners within the meaning of the *Pension Benefits Act*.

We understand that section 44 of the *Pension Benefits Act* provides that the pension paid to the member or former member from the UA Local 67 Pension Plan must be paid as a joint and survivor pension if we are spouses or same-sex partners on the date that the payment of the first installment of the pension is due. We also understand that the amount of pension payable to the surviving spouse or same-sex partner must not be less than 60% of the pension paid to the member or former member while we are both alive.

We understand that we may waive our right to the joint and survivor pension provided by section 44 of the *Pension Benefits Act* by signing this waiver.

We understand that by signing this waiver, the surviving spouse or same-sex partner will not be entitled to any joint and survivor pension provided by section 44 of the *Pension Benefits Act*.

We hereby waive our right to a joint and survivor pension provided by section 44 of the *Pension Benefits Act* by signing this waiver in the presence of a witness.

We understand that we may jointly cancel this waiver at any time before the date of the commencement of payment of the member's or former member's pension.

Day, Month, Year

Dated this _____ day of _____, _____

Signature of witness

Signature of member or former member

Name and address of witness (printed)

Signature of witness

Signature of spouse or same-sex partner
of member or former member

Name and address of witness (printed)

Prior to completing this form, you should consider obtaining independent legal advice concerning your individual rights and the effect of this waiver.

NOTE: This waiver is not effective unless it is delivered to the Administrator of the UA Local 67 Pension Plan within the twelve months preceding the commencement of payment of the pension benefit as required by subsection 46(2) of the *Pension Benefits Act*.

The pension plan protects the privacy of the individuals about whom the information relates and the confidentiality of the personal information collected on this form in accordance with the relevant privacy policies and privacy law(s).



UA Local 67 Pension Plan

Confirmation of Union Membership

Instructions

Please complete, sign and date this form and return it to:

Reliable Administrative Services Inc.
195 Dartnall Road, Suite 102, Hamilton, Ontario L8W 3V9
Telephone (905) 387-5861

1. Member Details

Last Name: _____ First Name: _____
Middle Name: _____ Union Membership Number: _____

2. Union Membership Details

I have been a dues-paying member of UA Local 67 since: Day: _____ Month: _____ Year: _____

Breaks in Membership:

From: Day: _____ Month: _____ Year: _____ to Day: _____ Month: _____ Year: _____

Reason: _____

From: Day: _____ Month: _____ Year: _____ to Day: _____ Month: _____ Year: _____

Reason: _____

3. Consent

I understand:

- ♦ that personal information is being collected on this form for the purpose of administering the pension plan, which includes enrolling members, determining eligibility, and making payments;
- ♦ that it may be necessary to disclose personal information to and collect personal information from individuals and organizations, such as, the pension plan's actuary and my union (Business Manager);
- ♦ that my privacy and the confidentiality of the personal information collected on this form will be protected in accordance with the relevant privacy policies and privacy law(s); and
- ♦ that I may withdraw all or part of my consent at any time, in writing, but that doing so may interfere with fulfilling the identified purpose.

I consent to the collection, use, and disclosure of my personal information, for the identified purpose, by the pension plan's Administrator and Board of Trustees, and the individuals and organizations that are authorized to act on their behalf.

4. Signatures

I consent to the above terms and certify that all information provided on this form is accurate and true.

Member Signature _____ Date _____
Day / Month / Year

For Office Use Only

Confirmation of union membership as shown: _____
(UA Local 67 Business Manager)

RETIREMENT UNION DUES

Date: _____

To: **Local Union 67**

I understand that upon approval of my pension application my name will automatically be removed from the Local Union's "active out of work list", but will have the option to sign the Local Union's "retired out of work list" once I have reached the age of 62. (As per motion passed April 15, 2003.)

MEMBER'S NAME (PLEASE PRINT): _____

CURRENT INITIATION DATE: _____

SIGNATURE

TO BE FILLED OUT BY RELIABLE ADMINISTRATIVE SERVICES INC.

PENSION START DATE: _____

TYPE OF PENSION:

REGULAR

EARLY

DISABILITY

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

APPROVED BY BUSINESS MANAGER: _____

DATE: _____

U.A. Local 67 Pension Plan
c/o Reliable Administrative Services Inc.

Application for Direct Deposit

Please complete this application and return to Reliable Administrative Services Inc. Enclose a sample cheque marked "VOID" for the account to be credited. If a cheque is not available, please contact your bank to obtain a sample of the MICR encoding for your account.

New Change

Name: _____

Social Insurance Number (SIN): _____

Address: _____

Telephone Number (including area code): _____

Pension Plan (Company Name): _____ Local 67

Information on the financial institution to receive your pension payment deposits

Trust Company/Bank/Credit Union: _____

Branch No. and Account No.: _____

Branch Address: _____

I request UA Local 67 Pension Plan to deposit my pension payments directly into my account at the financial institution indicated above.

Signature: _____ Date: _____

Please return this application with a voided cheque, or MICR encoding information to:

RELIABLE ADMINISTRATIVE SERVICES INC.
195 DARTNALL ROAD, SUITE 102
HAMILTON, ONTARIO
L8W 3V9