



UA Local 67 Pension Plan

Enrolment/Appointment of Beneficiary Form

Instructions

- If you have a spouse/partner (see definition below), he or she is automatically your only pension beneficiary by law unless you and your spouse have signed a spouse's waiver.
- If you have children (see definition below), but no spouse/partner, your children are automatically your pension beneficiaries.
- If you don't have a spouse/partner or children, you may name anyone you want as your beneficiary(ies). If you name more than one beneficiary, death benefits will be divided in equal shares among them unless you indicate otherwise. If you don't have a spouse/partner or children and you don't name a beneficiary, pension death benefits will be paid to your estate unless otherwise indicated in your will.
- Your back-up beneficiary (Box 5) will apply only if no beneficiary named in Box 2, 3 or 4 is alive to receive your death benefits.
- This is a three-page form. Please be sure to complete all three pages in full and have someone other than your beneficiary(ies) witness it.

Return the original 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: _____ Social Insurance Number: _____
Union Membership Number: _____
Date of Birth: _____ Day / Month / Year Marital Status: Single Spouse Divorced/Separated Widowed
Complete Mailing Address – No. and Street: _____
City/Town: _____ Province: _____ Postal Code: _____
Country (only if not Canada): _____ Phone: _____ Email: _____

2. Spouse/Partner Details *(Your spouse is automatically your only beneficiary unless you file a spouse's waiver)*

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

Who Qualifies as Your Spouse Under Ontario Pension Law

If you live in Ontario

A person who is:

- married to you, or
- not married to you and has been living with you in a conjugal relationship continuously for at least three years (or in a relationship of some permanence if you are the natural or adoptive parents of a child).

3. Children (see definition below)

Last Name	First Name	Sex		Date of Birth <i>Day / Month / Year</i>	If over age 21			
		Check <i>F or M</i>			Full-time Student under age 25 <i>Check Yes or No</i>		Disabled <i>Check Yes or No</i>	
		F	M		Yes	No	Yes	No
		F	M		Yes	No	Yes	No
		F	M		Yes	No	Yes	No
		F	M		Yes	No	Yes	No
		F	M		Yes	No	Yes	No

Address if different from yours: _____

Important note: If you have eligible children and do not list them above, they may not be covered.

A child who is dependent on you for support and

- under age 18 throughout the year of your death, or
- under age 24 and a full-time student throughout the year of your death.

4. Beneficiary(ies) (Only if no spouse or you have filed a spouses' waiver and have no children. If you name more than one beneficiary, death benefits will be divided in equal shares unless you indicate otherwise.)

Last Name: _____ First Name: _____
 Middle Name: _____ Date of Birth: Day / Month / Year Relationship*: _____
 Complete Mailing Address – No. And Street: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Country (only if not Canada): _____ Share of benefits (only if not 100% or divided equally): _____ %

Beneficiary(ies) (cont'd)

Last Name: _____ First Name: _____
 Middle Name: _____ Date of Birth: Day / Month / Year Relationship*: _____
 Complete Mailing Address – No. And Street: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Country (only if not Canada): _____ Share of benefits (only if not 100% or divided equally): _____ %

Beneficiary(ies) (cont'd)

Last Name: _____ First Name: _____
 Middle Name: _____ Date of Birth: Day / Month / Year Relationship*: _____
 Complete Mailing Address – No. And Street: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Country (only if not Canada): _____ Share of benefits (only if not 100% or divided equally): _____ %

5. Back-up Beneficiary (Will apply only if no beneficiary named in Box 2, 3 or 4 is alive to receive your death benefits.)

Last Name: _____ First Name: _____
 Middle Name: _____ Date of Birth: Day / Month / Year Relationship*: _____
 Complete Mailing Address – No. And Street: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Country (only if not Canada): _____ Share of benefits (only if not 100% or divided equally): _____ %

6. Trustee (Only if you have children or are naming a beneficiary under age 18)

Last Name: _____ First Name: _____
 Middle Name: _____ Relationship*: _____
 Complete Mailing Address – No. And Street: _____
 City/Town: _____ Province: _____ Postal Code: _____ Country (if not Canada): _____

7. Consent

I understand:

- ♦ that personal information is being collected on this form for the purpose of administering the pension plan, which includes enrolling members and appointing beneficiaries;
- ♦ 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.
- ♦ If applicable, I authorize UA Local 67 through Reliable Administrative Services Inc. ("RASI") to correspond with me through the email address identified on this form regarding my Pension. I understand such correspondence may contain Information; and that the Information is being sent in a manner that is not guaranteed as a secured means of communication. I agree that RASI is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by RASI or by me pursuant to this authorization. I agree should the email address identified on this form change that I am responsible for updating the email address maintained by RASI. I understand that if I do not wish to receive emails from RASI, I can remove my email address by contacting the RASI office.

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 acknowledge that more specific details regarding how and why RASI collects, uses, maintains, and discloses my personal information can be found in RASI's Privacy Policy, available at www.reliableadmin.com.

8. Signatures

I hereby revoke any previous appointment of beneficiary under the UA Local 67 Pension Plan and direct that, in the event of my death, any benefits payable from the UA Local 67 Pension Plan will be paid to the person(s) named above as beneficiary(ies). I understand that this appointment will remain in effect until revoked by me in writing and filed with the Administrator. If my beneficiary(ies) die(s) before I do and no other has been appointed, death benefits will be paid to my estate.

I understand that pension law requires certain pension death benefits relating to my pension earned after 1986 to be paid to my spouse/partner unless I have filed a spouse's waiver form completed and signed by my spouse/partner.

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

Signature of Member: _____ Date: _____ Day / Month / Year

Signature of Witness: _____ Date: _____ Day / Month / Year
 Anyone 21 or over including a family member but not a beneficiary named above

Name of Witness: _____
 Please print

Complete Mailing Address of Witness – No. and Street: _____

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

Country (only if not Canada): _____