



UA Local 67 Pension Plan

Pension Application Form

Instructions

This is a six page Pension package. Please complete the entire package. Sign and date where required and return the entire package 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
- Retirement union dues 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: _____ Union Membership Number: _____
Day / Month / Year
 Complete Mailing Address – No and Street: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Country (only if not Canada): _____ Telephone: _____ Email: _____

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 I do not have a spouse/partner as defined above
Provide details 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.
- ♦ 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.

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 – No. and Street: _____

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

Country (only if not Canada): _____



UA Local 67 Pension Plan

Your pension payment options

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

1. 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.

1. 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

Confirmation of Union Membership

Instructions

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

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

1. Member Details

Last Name: _____ First Name: _____
Middle Name: _____ Social Insurance 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, 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.

4. Signatures

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

For Office Use Only

Confirmation of union membership as shown: _____

(UA Local 67 Business Manager)



UA Local 67 Pension Plan

Retirement Union Dues

Instructions

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

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

1.

Date: _____

To: **Pension Plan for Members of United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada Local 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: _____

2.

To be filled out by Reliable Administrative Services Inc.

Pension Start Date: _____

Type of Pension:

Regular

Early

Disability

Approved by Business Manager _____

Date: _____



UA Local 67 Pension Plan

Application for Direct Deposit

Instructions

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.

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

1.

New Change

Name: _____

Social Insurance Number (SIN): _____

Address: _____

Telephone Number (including area code): _____

Pension Plan (Company Name): Pension Plan for Members of United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada Local 67

Information on the financial institution to receive your pension payment deposits Trust Company/Bank/Credit Union:

Branch No.: _____

Institutional Code: _____

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