



# UA Local 67 Pension Plan

## ENROLMENT / CHANGE FORM

Members must complete this form in full to enroll into the Pension Plan OR for existing plan members to change their previous information, where applicable. The latest form will replace any previous forms. PLEASE PRINT CLEARLY

### 1. Form Type

Check one option

Please indicate if you are:

- a)  New Member mm/dd/yyyy  
 b)  Making a change Reason? \_\_\_\_\_ Effective date: \_\_\_\_\_

### 2. Member Details

Indicate your legal name, complete mailing address and your marital status.

<b>Last name</b>	<b>First name</b>	<b>Middle initial</b>
_____		
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Date of birth:</b> _____ mm/dd/yyyy	<b>Union Membership Number</b>
<b>Social Insurance Number:</b> _____		
<b>Street address:</b> _____		
<b>City:</b> _____ <b>Province:</b> _____ <b>Country:</b> _____ <b>Postal Code:</b> _____		
<b>Phone:</b> _____ <b>Email:</b> _____		
<b>Marital Status:</b>	<input type="checkbox"/> <b>Single</b>	<input type="checkbox"/> <b>Divorced/Separated</b> <input type="checkbox"/> <b>Widowed</b>
	<input type="checkbox"/> <b>Legally Married</b>	<input type="checkbox"/> <b>Common Law</b>
<b>Ontario's Pension Legislation Spouse Definition:</b>	<i>A person who is married to you and is not living separate and apart from you.</i>	<i>A Person who is not married to you and is living in a conjugal relationship: i. continuously for a period of not less than three years, OR ii. in a relationship of some permanence, if you are both the parents of a Child as set out in section 4 of the Children's Law Reform Act.</i>

### 3. Spouse Details

Indicate your eligible spouse's legal name and the date/start of marriage/common law.

If your spouse is not eligible under the definition, review section 5.

**YOUR SPOUSE IS AUTOMATICALLY YOUR ONLY SURVIVOR BENEFICIARY, unless you file a Waiver of Joint and Survivor Pension.**

<b>Spouse's last name</b>	<b>Spouse's first name</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed <input type="checkbox"/> Female <input type="checkbox"/> Other
_____		
<b>Social Insurance Number:</b>	<b>Date of birth:</b>	<b>Date of Marriage / Start of Common Law:</b>
_____	mm/dd/yyyy	mm/dd/yyyy

If you pass away before you start to receive your pension:  
Your eligible spouse is the only survivor entitled to collect your pension or to receive your pre-retirement pension death benefit (if your spouse selects a one-time payment in place of collecting your pension).

### 4. Child Details

Only complete the legal names of your children who meet the definition of dependent child.

If your Child is a minor, (under age 18 in Ontario) or lacks legal capacity see section 5 to appoint a trustee.

If your child does not meet the dependent child definition, review section 5.

**Your dependent child(ren) is your only survivor beneficiary IF you have no spouse, or you have filed a Waiver of Joint & Survivor Pension.**

**Definition of a Dependent Child:** *A Natural, adopted or step-child of you and/or your spouse who is dependent on you for support and who is:*  
 i. under age 18 throughout the year of your death, OR  
 ii. under age 24 and a full-time student throughout the year of your death.  
 iii. disabled, having been disabled without interruption since your death.

<b>Child's last name</b>	<b>Child' first name</b>	<b>Date of birth:</b> mm/dd/yyyy
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you do not have an eligible spouse and you pass away before you start to receive your pension: Your dependent children are the only survivors eligible to receive the "cash value" of the pension you earned on the date of your death. He, She, or They must meet the definition of dependent child at the time of your death. This money is divided equally between your dependent children and will be taxed as income.



### 5. Pre-retirement death benefit and Designated Beneficiaries

The UA Local 67 Pension Plan pays a pre-retirement death benefit if you die before you retire. **Your designated beneficiary(ies) can only receive the pre-retirement death benefit if you do not have an eligible spouse or a dependent child on the date of your death.**

- You should name as your beneficiary(ies) the person or persons who you would like to receive the pre-retirement death benefit in the event that you do not have an eligible spouse or dependent child on the date of your death.
- **If you have no spouse and want your children (when they are no longer your dependent) to receive your pre-retirement death benefit, they must be named in this section as your beneficiary.**
- If you have and want to name an ineligible spouse (not living with you or not living with you for the required time) as your beneficiary, then complete their name in this section. If you have no eligible spouse or dependent children on the day of your death, your ineligible spouse will receive the pre-retirement death benefit as a named beneficiary.
- If you do not have a spouse or dependent children on the date of your death and you have not named a beneficiary, the pre-retirement death benefit will be paid to your estate.

Your designated beneficiaries are only applicable if you do not have an eligible spouse or dependent children at the time of your death.

**I hereby revoke all previous beneficiary designations and designate the following beneficiary(ies).**

**Pre-retirement death benefit designated beneficiary(ies)**

Last name	First name	Relationship to the plan member:	Percent Allocated (Must = 100%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This section is to be completed by the member to designate a pre-retirement death benefit beneficiary, if applicable.

If any of your beneficiaries are a minor or lack legal capacity, review and complete section 5, if applicable.

Crossed off names must be initialed.

**To be divided as follows:**  As per the percentage indicated above, or  In equal shares to the survivor(s)

### 6. Trustee Appointment

**Trustee Appointment (for any minor beneficiary or beneficiary that lacks legal capacity)**

Last name	First name	Middle Initial	Relationship to the plan member:
_____	_____	_____	_____

**If you have named more than one dependent child or beneficiary under the age of 18, or a spouse, dependent child, or beneficiary age 18 or older that lack legal capacity beneficiary and you want to appoint different trustees, attach a separate page naming the Trustees appointed to each minor and initial the page.**

This section only applies if your child in section 4 and/or if your beneficiary in section 5 is a minor (under age 18 in Ontario) or a person that lacks legal capacity.

**It is your responsibility to update your Pension Plan Enrollment / Change Form if you marry/become common law, separate from your spouse, divorce, have a child/adopt, your child is no longer an eligible dependent, your spouse/designated beneficiary(ies) passes away or lose their ability to make decisions, or if any of your member details change.**



### 7. Privacy

This section explains Reliable Administrative Services Inc. (RASI)'s commitment to privacy.

For the UA Local 67 Trust Funds, the Board of Trustees recognize the importance of privacy.

**Your personal information:**

When you are initiated in the Union and into the pension, we establish a confidential file that contains your personal information, like your name, contact information, and the coverage you have. This may also include financial or family information. Your information is kept in the offices of RASI. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to RASI.

**Who has access to your personal information:**

We limit access to your personal information in your file to RASI staff or persons authorized by RASI to perform their duties and or persons whom you have granted access. In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside of Canada. Your personal information may also be subject to disclosure to the pension plan's actuaries, public authorities or others authorized under applicable law within or outside of Canada.

**What your information is used for:**

Personal information we collect will be used for the purposes of determining your eligibility for Pension Benefits for which you enroll, providing, administering, or servicing the plan you have, and for RASI's and it's affiliates' internal data management and analytics purposes. This may include paying benefits, pension valuations, determining the eligibility of your dependents, and creating and maintaining records concerning our relationship.

**If you want to know more:**

Our privacy policy is posted on our website at [www.reliableadmin.com](http://www.reliableadmin.com) Or if you have questions about our personal information policies and practices, write to our Privacy Officer at [local67@reliableadmin.com](mailto:local67@reliableadmin.com)

### 8. Consent

This section must be signed in INK by the plan member.

I hereby apply for the Pension Plan issued to Members of the UA Local 67 Trust Funds, subject to pension and family law. I understand the pension plan is a family asset and that my eligible spouse and eligible dependents may have entitlement. I understand that pension requires certain pension death benefits relating to my pension earned after 1986 to be paid to my spouse/common law unless I have filed a spouse's waiver form completed and signed by my spouse /common law. I have read and understood and agree with the contents of the section on this form entitled "Privacy".

I authorize:

- RASI and their provider to collect, use, maintain and disclose personal information relevant to this application for the purposes of pension plan administration, audit, pension valuation, assessment, investigation, claim management, investing and for determining plan eligibility.
- RASI to use my social insurance number for tax reporting purposes and as an identification number where it is required for the administration of the plan.
- If applicable, RASI to correspond with me through the email address identified on this form regarding my group benefits. Note: We do not use your email address for solicitation. We are not liable for damages you may incur from a third party intercepting such correspondence. You can remove your email address at any time by contacting RASI.

If competing information for my spouse and/or dependents, I confirm that I am authorized to act on their behalf.

I agree that a photocopy or electronic copy of the Consent section is as valid as the original.

I certify that the information or future information given to us is true, correct, and complete to the best of my knowledge.

**Plan member signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
mm/dd/yyyy

<b>Last name</b>	<b>First name</b>	<b>Relationship to the plan member</b>
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**Name of Witness:** \_\_\_\_\_

**Witness signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Your witness can be anyone age 21 or over including a family member but not a beneficiary of your pension. mm/dd/yyyy

**Witness street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

Print the legal name of your witness, complete their mailing address, and your witness must sign in INK.

**Return this Enrollment / Change Form, by email, mail, or in person to Reliable Administrative Services Inc. (RASI).**

**Reliable Administrative Services Inc (RASI)**

195 Dartnall Road, Suite 102, Hamilton ON L8W 3V9

Phone: 905-387-5861 Toll-free: 1-855-387-5861

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