

# U.A. LOCAL 787 Pension Plan – Registration #0491688

## Application for Pension Benefits

TO BE COMPLETED BY THE MEMBER			
Member's Last Name:	First Name:	Date of Birth: Day   Month   Year	Member's Social Insurance Number:
Address:	City/Town:	Province:	Postal Code:
Home Telephone #: (    )    - Cell: (    )    -	Last Employer before Retirement:  Last Date Worked before Retirement:	Marital Status: (see Statement of Marital Status) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law	
Date of Marriage or Cohabitation:	Spouse's Name:	Spouse's Date of Birth: Day   Month   Year	Spouse's Social Insurance Number:

By signing below, I am authorizing the use of my Social Insurance Number (S.I.N.) for tax reporting, identification and processing of my pension benefit(s).

\_\_\_\_\_

**Member's Signature**

\_\_\_\_\_

**Date**

This Application is hereby being made for the following type of benefit:

**Retirement Benefits**

Type of Retirement:       Normal     Early     Postponed

Date of Retirement (Day, Month, Year):

\_\_\_\_\_

**Termination Benefits**

Date of Termination (Day, Month, Year):

\_\_\_\_\_

**Death Benefits**

Date of Death (Day, Month, Year):

\_\_\_\_\_

**Defer Pension until further notice**

\_\_\_\_\_

Printed Name of Applicant (**if not member**)

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

S.I.N. of Applicant (if not member)

\_\_\_\_\_

Applicant's Complete Address and Telephone Number (if not member)

Privacy Statement: The Plans will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plans. Personal Information will be protected pursuant to the applicable legislation. The Plans may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plans and entitlement to the benefits of the Plans. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.

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## Statement of Marital Status

Every Applicant for a Benefit **must** complete this section.

Under the Ontario Pension Benefits Act, Spouse means either of two persons who,

- (a) are married to each other and are not living separate and apart, or
- (b) are not married to each other and are living together in a conjugal relationship,
  - (i) continuously for a period of not less than three years, or
  - (i) in a relationship of some permanence, if they are the parents of a child as defined in the Children’s Law Reform Act,

or shall mean such other definition as prescribed in the Ontario Pension Benefits Act.

### **MEMBER’S PERSONAL INFORMATION**

I, \_\_\_\_\_ hereby certify for the purposes of the U.A Local 787 Pension Plan, that  
(Member’s Name – Please Print)

as of the date of my retirement under the Plan,

- \_\_\_\_\_ I do have a Spouse, as defined by the Ontario Pension Benefits Act;
- \_\_\_\_\_ I do not have a Spouse, as defined by the Ontario Pension Benefits Act;
- \_\_\_\_\_ I do have an ex-Spouse, or ex-Spouses (if yes, please attach a copy of your Divorce/Separation Agreement(s)).

\_\_\_\_\_  
(Full Name of Spouse – Please Print)

\_\_\_\_\_  
(Spouse’s Date of Birth)

\_\_\_\_\_  
(Plan Member’s Signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Witness\*)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name of Witness\* - Please Print)

*\*The Witness cannot be related to the Plan Member*

\_\_\_\_\_  
Address of Witness, Phone number and Email Address

***Questions about the collection of Personal Information should be directed to the Privacy Officer at the Union or the Administration Office.***

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Form 3 - Waiver of Joint and Survivor Pension Under section 44 of the Pension Benefits Act

Approved pursuant to the Ontario Pension Benefits Act (R.S.O. 1990, c. P.8, as amended)

Send this form to the plan administrator or the insurer Do not send it to the Financial Services Commission of Ontario

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

Name of spouse of member or former member and (referred to below as the "spouse")

certify that we are spouses 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

Name of pension plan

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must be paid as a joint and survivor pension if we are spouses on the date that the payment of the first instalment of the pension is due and if we are not living separate and apart at that time. We also understand that the amount of pension payable to the surviving spouse 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 spouse is giving up the right to a survivor pension on the death of the member or former member, as 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 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 of member or former member

Name and address of witness (printed)

NOTE: Prior to completing this form, each party should consider obtaining independent legal advice concerning their individual rights and the effect of this waiver.

NOTE: This waiver is not effective unless it is dated, signed and delivered to the administrator of the pension plan or the insurance company, where appropriate, within the twelve months preceding the commencement of payment of the pension benefit, as required by subsection 46(2) of the Pension Benefits Act.

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## Spousal Consent to Transfer to a Life Income Fund (LIF)

I, \_\_\_\_\_ am the spouse, as defined in the *Ontario Pension Benefits Act*, of  
*Name of Spouse*

\_\_\_\_\_ who has requested a transfer of locked-in money from  
*Name of pension plan member/former member*  
*or owner of a Locked-In Retirement Account (LIRA)*

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I am aware that the administrator of a pension plan or of a LIRA may not comply with a request to transfer locked-in money to a LIF unless the written consent of the spouse is obtained.

I am aware that there is no requirement under the Pension Benefits Act and Regulation 909 for a spouse to provide such written consent. It is solely at the option of the spouse whether to provide written consent.

I understand that by providing written consent, I am not waiving my rights under the Pension Benefits Act and regulation 909 to survivor benefits or benefits which may be available on marriage breakdown.

I understand that as a spouse who is not living separate and apart from the owner of the LIF at the owner's date of death, I will be entitled to receive a death benefit of either the balance of the LIF as an unlocked lump sum payment or as an immediate or deferred life annuity.

I understand that as a spouse who is not living separate and apart from the owner of the LIF when LIF assets are used to purchase a life annuity, the annuity must provide a survivor pension of at least 60 per cent of the pension received by my spouse.

I understand that, in the event of marriage breakdown prior to the date an annuity is purchased, no more than 50 per cent of the LIF assets may be transferred to my LIRA or LIF, or to purchase an immediate or deferred life annuity.

I understand, in the above situation, any interest I may have in the assets held in the LIF is effective only where a court order or domestic agreement under the Family Law Act is provided to the administrator.

\_\_\_\_\_  
*Spouse's Signature and Address*

Dated at \_\_\_\_\_ in the Province of \_\_\_\_\_  
*City/town* *Province*

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.  
*Date* *month* *year*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Printed Name of Witness*

\_\_\_\_\_  
*Address, Telephone Number and Email Address of Witness*

**Prior to completing this form, the Spouse should consider obtaining independent legal advice concerning individual rights and the effect of consent.**

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## Direction for Direct Deposit

To overcome the possibility of lost or delayed mail and other postal disruptions, we strongly recommend that you consider having your Monthly Annuity deposited directly to your account at your chosen Financial Institution. **To take advantage of this service, you must have an active account with a chartered bank, credit union or trust company in Canada which participates in direct deposits through the Canadian Banking System. All you need to do is sign below and attach a sample cheque or deposit slip which has been marked VOID.**

**PLAN MEMBER'S PERSONAL INFORMATION** (see Privacy Statement below)

Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

➤ **PLEASE ATTACH A SAMPLE PERSONALIZED DEPOSIT SLIP OR CHEQUE MARKED "VOID"**

✓ If you are not attaching a VOID cheque, please complete the information marked below.

✓ Deposit to (Name of Member's Financial Institution):

\_\_\_\_\_

✓ Address of Branch:

\_\_\_\_\_

✓ **Bank Number**

**Transit Number**

**Account Number**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

✓ **Type of Account (check one):** Savings \_\_\_\_\_ Chequing \_\_\_\_\_

I am the Plan Member named above and I want to have my Monthly Annuity deposited directly into the account shown above (or attached, if I have attached a VOID cheque with this Direction). This authorization shall remain in effect unless cancelled by me in writing.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name, Address and Telephone Number of Witness

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