

# Bricklayers & Allied Craftworkers Pension Fund of AB & SK

CRA Registration No. 0584888

# Non Locked In Transfer Application

Please print and be sure to **SIGN** and **DATE** the application. Mail the completed application and supporting documents to the address indicated at the end of this form.

A portion of this application is to be completed by the financial institute who you have selected to receive the transfer.

The application is to be submitted along with Canada Revenue Agency T2151 form (Direct Transfer of a Single Amount Under Subsection 147(19) or Section 147.3).

## Applicant Information

Name (Last)		(First)		(Middle)		Sex	
						M	F
Address (mailing)						Suite No.	
City			Province	Postal Code	Telephone Number		
Date of Birth	Month	Day	Year	Social Insurance Number			

## Instructions Regarding Proof of Age

You must provide proof of age for yourself.

Examples of proof documents required are: Birth Certificate, Passport, Citizenship Certificate, and Immigration Papers.

If you cannot provide any of the above, please contact the fund office to discuss other possibilities.

## Beneficiary Information

**You may complete this section, if your pension is subject to a solvency deficiency. If you do not name a beneficiary, all pension benefits payable upon your death, will be paid to your estate.**

I hereby revoke any previous designation of beneficiary and I hereby designate the following named beneficiary(ies) to receive the amount of pension benefits, if any, payable at my death, under the Rules and Regulations of the fund. I reserve the right to revoke and change this designation at any time by giving written notice to the fund.

Name (Last)		(First)		(Middle)		Sex	
						M	F
Address (mailing)							
City				Province	Postal Code		
Date of Birth	(Month	Day	Year)	Relationship			

**PLEASE COMPLETE REVERSE**

**Underwriter Information**

Non-Locked-In Account Number (i.e. Registered Retirement Savings Plan Number)

Name of Financial Institution

Address (mailing)

City

Province

Postal Code

Telephone Number

Signature of Authorized Representative of Institution

\_\_\_\_\_  
Name of Representative (please print)\_\_\_\_\_  
Signature of Representative\_\_\_\_\_  
Date**Please submit a Canada Revenue Agency T2151 form (Direct Transfer of a Single Amount Under Subsection 147(19) or Section 147.3) with Area I, only, completed.****Applicant Declaration**

I hereby apply for a transfer of the commuted value of my pension from the Bricklayers and Allied Craftworkers Pension Fund of Alberta and Saskatchewan. The statements made in this application are true to the best of my knowledge and belief. I understand a false, misleading or inaccurate statement shall be sufficient reason for the denial, suspension or discontinuance of benefits under the pension plan and the Trustees shall have the right to recover any payments made to me because of a false, misleading or inaccurate statement.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Witness or Pension Partner\_\_\_\_\_  
Name of Witness (please print)**You will be notified in writing of the decision made by the Board of Trustees regarding your application or if any additional information is required.**

Please return this form, with your original signature by mail to:

Funds Administrative Service  
10154 108 Street NW  
Edmonton AB T5J 1L3

Phone: (780) 452-5161 Toll Free: 1-800-770-2998

## Authorized Documents for Proof of Age

Listed in order of preference, these are the only acceptable forms of proof of age:

1. Birth Certificate
2. Passport
3. Citizen Certificate
4. Immigration Papers
5. Baptismal Certificate
6. Native / Metis Status Card
7. Military Identification / Documentation indicating your date of birth

Original documents are not required. **Please note a driver license is not acceptable.**

If you cannot provide a photocopy of any of the above documentation, please complete a Declaration Re: Proof of Age and submit it to our office along with two pieces of identification (i.e. driver license and health care) showing your date of birth.