

# CWA/ITU Pension Plan (Canada)

CRA Registration No. 0554717

# Lump Sum Application

Please read all questions and print all answers. 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.

Member Information				
Name (Last)	(First)	(Middle)	Sex	
			M	F
Address (Mailing)			Suite No.	
City	Province	Postal Code	Telephone Number	
Local Union No		Social Insurance Number		

Date of Birth:	Month	Day	Year

### 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.

Direct Deposit Information									
Name of Institution (please attach a void cheque)									
Account No.	Bank No.			Bank Transit No.					

Beneficiary Information				
<p><b>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.</b></p>				
<p>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.</p>				
Name (Last)	(First)	(Middle)	Sex	
			M	F
Address (Mailing)				
City	Province	Postal Code		
Date of Birth (Month Day Year)	Relationship			

PLEASE COMPLETE REVERSE

**Applicant's Declaration**

I hereby apply for a lump sum pension from the CWA/ITU Pension Plan (Canada). 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

\_\_\_\_\_  
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:

Ellement Consulting Group  
10154 108 St 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

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

NOTE: 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 photocopies of two pieces of identification (i.e. driver license and health care) showing your date of birth.