

IUPAT Local 177 Pension Trust Fund

CRA Registration No. 0581397

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

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

Applicant's Declaration

I hereby apply for a lump sum pension from the IUPAT Local 177 Pension Trust Fund. 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:

Funds Administrative Service Inc.
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. Original documents are not required.

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

NOTE: If you can not provide a photocopy of any of the above documentation, please contact our office for alternative suggestions and request a Statutory Declaration.