## **IUPAT Local 177 Pension Trust Fund**

CRA Registration No. 0581397

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		
									М		F	
Address (Mailing)							Suite No.					
City				Province Postal Code				Telephone Number				
Date of Birth Month Day		Year		Social Insurance Number								
	e proof of a of documer	ige for yo nts requir	ourself. ed are:			ate, Passport, Citizenshi e fund office to discuss c			gration P	ape	ers.	
Beneficiary Info	rmation											
						s subject to a solvence eath, will be paid to you			do not	na	nme a	
receive the amou	int of pens	sion ben	efits, if	any, pa	iyable	and I hereby designate at my death, under the t any time by giving write	e Rule	s and Regulation	ns of the			
Name (Last) (Firs		(First)	irst) (N			(Mid	Middle)		Sex			
									М		F	
Address (Mailing)												
City					Province	Province Postal Code						
Date of Birth (Month Day Year)						R	elationship					

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 Penrocente	tivo of Institu	ition								
Signature of Authorized Representative of Institution										
Name of Representative (please pri	nt)	Sig	nature of Representative							
		-								
		Dat	e							
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										
			e IUPAT Local 177 Pension Trust Fund. The and belief. I understand a false, misleading or							
inaccurate statement shall be suffic	ient reason fo	or the denial, suspension of	r discontinuance of benefits under the pension							
plan and the Trustees shall have inaccurate statement.	the right to	recover any payments ma	ide to me because of a false, misleading or							
Signature of Applicant		Date								
Signature of Witness or Pension Pa	rtner	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	l.	-								
Discos actives this former it			1							
Please return this form, with you original signature, by mail to:		s Administrative Service 108 Street NW	INC.							
		onton 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.