

IUPAT Local 177 Pension Trust Fund

CRA Registration No. 0581397

Monthly Pension Application

This application should be submitted at least one month in advance of the date your pension is to begin, but no earlier than 90 days from the beginning of the month in which you wish to retire. Please print and be sure to **SIGN** and **DATE** the application. Mail the completed application and all 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 you retired or plan to retire:	Month	Year	Date you last worked or will work for the union:	Month	Year

Marital Information

Please circle one option only.

Married Common-law Separated Divorced Widowed Single

Name of Pension Partner (if applicable)

Name (Last)	(First)	(Middle)	Sex	
			M	F
You must provide a copy of your marriage certificate. If you are unable to provide a copy of your marriage certificate, you must complete a declaration of marital status. If you are not married or if you are living in a common-law relationship, you must complete a declaration of marital status.			Social Insurance Number	

Dates of Birth

Member's Date of Birth	Month	Day	Year	Pension Partner's Date of Birth (if applicable)	Month	Day	Year

You must provide a copy of your and your pension partner's (if applicable) proof of age. Examples of proof documents required are: Birth Certificate, Passport, Citizenship Certificate, and Immigration Papers. If you cannot provide any of the above, please complete a declaration of proof of age.

Direct Deposit Information

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

COMPLETE REVERSE SIDE AS WELL

Beneficiary Information

You may complete this section if you do not have a pension partner, or if your pension partner has signed a pension partner waiver form. 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

Member Declaration

I hereby apply for a monthly 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 Board of Trustees shall have the right to recover any payments made to me because of a false, misleading or inaccurate statement.

Signature of Member_____
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

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Declaration RE: Marital Status

IN THE MATTER OF AN APPLICATION BEING MADE TO THE IUPAT LOCAL 177 PENSION TRUST FUND

I, _____ of the city of _____, in the province of _____,
DO SOLEMNLY DECLARE THAT:

1. In connection with an application that I have made to the IUPAT Local 177 Pension Trust Fund, which was signed by me on the _____ day of _____, 20____, I have represented to the plan that:

☐ I do not have a "Pension Partner"; or

☐ I have a "Pension Partner" named _____, and our relationship commenced on the _____ day of _____, _____, and has continued to the present time.

2. I understand that the definition of a "Pension Partner" as defined by the Alberta *Employment Pension Plans Act* for an Alberta Participant, Former Participant or Pensioner means:

- a) a person who, at the relevant time, was married to that other person and had not been living separate and apart from that other person for three or more consecutive years; or
- b) a person who, immediately preceding the relevant time, had lived with that other person in a conjugal relationship for a continuous period of at least three years, or of some permanence, if there is a child of the relationship by birth or adoption.

AND I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME in the _____)

of _____, in the Province _____)

of _____, this _____ day _____)

of _____, 20 _____)

A COMMISSIONER FOR OATHS in and _____)
for the Province of _____)

Applicant's Signature

Name of Commissioner (Please Print)

Expiry Date of Commissioner

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Electronic Deposit of Pension Payments

I, _____, S.I.N. _____ being a pensioner (or a beneficiary receiving monthly payments) of the IUPAT Local 177 Pension Trust Fund, authorize and direct you to have my monthly pension payments electronically deposited directly into the bank account described below. I understand I can change this authorization by sending a written notice to the fund office and my death will end the automatic deposit of pension payments without otherwise affecting future payments to which my beneficiary may be entitled.

Please deposit my monthly payment to:

Name of Institution					
Address (Street)					
City		Province	Postal Code		
Name(s) of Account Holder(s)					
Account No.		Bank No.	Bank Transit No.		

* **You MUST attach a VOIDED cheque if funds are to be deposited into a chequing account.**

If you require assistance providing the required information with respect to your bank account, please contact your financial institution.

Date

Signature of Pensioner
(or Beneficiary receiving payments)

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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.