

Bricklayers & Allied Craftworkers Pension Fund of AB & SK

CRA Registration No. 0584888

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

Designation of Beneficiary

Please complete this section ONLY if you are single or if your pension partner has signed a post-retirement 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.

Primary Beneficiary

Name (Last)	(First)	(Middle)	Sex	
			M	F

Address (mailing)

City	Province	Postal Code	Relationship

Secondary Beneficiary (in the event of the death of the Primary Beneficiary)

Name (Last)	(First)	(Middle)	Sex	
			M	F

Address (Street)

City	Province	Postal Code	Relationship

Member Declaration

I hereby apply for a monthly pension from the Bricklayers & 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 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
10154 108 Street NW
Edmonton AB T5J 1L3

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

**Bricklayers & Allied Craftworkers
Pension Fund of AB & SK**

CRA Registration No. 0584888

Declaration RE: Marital Status

IN THE MATTER OF AN APPLICATION BEING MADE TO THE BRICKLAYERS & ALLIED
CRAFTWORKERS PENSION FUND OF ALBERTA & SASKATCHEWAN

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 Bricklayers & Allied Craftworkers Pension 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 *Pension Benefits Act*, in the
province of Saskatchewan "pension partner" (i.e. spouse or common-law partner) means, in relation to
another person means:

- a) a person who is married to a member or former member; or
- b) if a member or former member is not married, a person with who the member or former member is
cohabiting as spouses at the relevant time and who has been cohabiting continuously with the member
or former member as his or her spouse for at least one year prior to the relevant time.

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

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
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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:

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.

**Bricklayers & Allied Craftworkers
Pension Fund of AB & SK**

CRA Registration No. 0584888

Declaration RE: Proof of Age

IN THE MATTER OF AN APPLICATION BEING MADE TO THE BRICKLAYERS & ALLIED
CRAFTWORKERS PENSION FUND OF ALBERTA & SASKATCHEWAN

I, _____ of the City of _____, in
the Province of _____, DO SOLEMNLY DECLARE THAT:

In connection with a pension application that I am making to the Bricklayers & Allied Craftworkers Pension Fund of Alberta and Saskatchewan, I have represented to the fund that my date of birth is _____, as written on my pension application and as further confirmed by the _____ # _____ (copy attached showing date of birth) and the _____ # _____ (copy attached showing date of birth). I declare that I do not have an authorized proof of age as requested on my pension application and I have provided the only proof of age that I have.

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 at 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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