

# CWAITU Pension Plan (Canada)

CRA Registration No. 0554717

# Registration/Notice of Change

Member Information							
Name (Last)		(First)		(Middle)		Sex	
						M	F
Address (Mailing)					Suite No.		
City			Province	Postal Code	Telephone Number		
Date of Birth	Month	Day	Year	Social Insurance Number			

Name Change
<p>Please submit a copy of your marriage certificate, birth certificate, divorce order or other supporting documentation for our records</p>

Direct Deposit (for members in receipt of a monthly pension payment only)							
Account No.				Bank No.		Bank Transit No.	

Marital Status
<p>In accordance with the <i>Supplemental Pension Plans Act</i>, in the province of Quebec, “pension partner” (i.e. spouse or common-law partner) means, two people who:</p> <ul style="list-style-type: none"> <li>(i) are married or in a civil union, or</li> <li>(ii) are living in a conjugal relationship for a period of not less than 3 years, if the member of the pension plan is neither married nor in a civil union, or</li> <li>(iii) are living in a conjugal relationship for a period of not less than 1 year, if the member of the pension plan is neither married nor in a civil union, if at least one child is born, or to be born, of their union; or they have adopted, jointly, at least one child while living together in a conjugal relationship; or one person has adopted at least one child who is the child of the other person, while living together in a conjugal relationship.</li> </ul> <p>In the event of your death before retirement, your Pension Partner is automatically the beneficiary of your pension benefits (regardless of any beneficiary named here or in your will) unless a completed <i>Alberta Finance Form 3, Pension Partner Waiver of Pre-Pension Commencement Death Benefit</i> is filed with the fund office.</p>

Please circle one option only:      Single                      Married                      Common-Law							
Pension Partner Name (Last)		(First)		(Middle)		Sex	
						M	F
Date of Birth	Month	Day	Year	Social Insurance Number			

<b>Beneficiary</b>				
Name (Last)	(First)	(Middle)	Sex	
			M	F
Date of Birth	Month	Day	Year	Social Insurance Number
Relationship				
Trustee Appointment (required only if the Beneficiary is younger than age 18):				
I do hereby appoint _____ as Trustee to receive any amount due to any beneficiary under 18 years of age and declare the receipt of such Trustee shall be a good discharge to the pension plan for the amount so paid. Failure to include the Date of Birth and Social Insurance Number can result in a delay of benefits that may be owed to a beneficiary.				

<b>Authorization</b>
<p>For the purpose of administering my fund and paying benefits, I hereby authorize my union, employer, legal representative, estate, beneficiary, spouse and the financial institutions with which I conduct business to communicate all information deemed necessary and held regarding myself to Ellement Consulting Group.</p> <p>Furthermore, I authorize Ellement Consulting Group to communicate the information it holds regarding myself to the said third party as mentioned in the previous paragraph. I authorize Ellement Consulting Group to use or communicate my Social Insurance Number for income tax and administrative purposes.</p> <p>A photocopy or fax of this authorization is as valid as the original.</p> <p>I certify, all of the information in this document is, to the best of my knowledge, true and complete.</p> <p>Signed this _____ day of _____ 20 _____</p> <p>Signature of Member: _____</p> <p>Your personal information is being collected for the CWA/ITU Pension Plan (Canada) and will be used for the purpose of administering the pension plan. Your personal information may be disclosed, now or in the future, to third parties such as our administrator, lawyers, auditors, consultants or actuaries, but only for the express purpose of administering the pension plan. All information is protected by the provisions of the <i>Freedom of Information and Protection of Privacy Act</i>. By completing and signing this form you are consenting to the collection, use and disclosure of your personal information. If you have any questions regarding the collection, use or disclosure of information on this form, or if you would like a copy of the fund's Privacy Policy, contact the fund's Privacy Officer at 1-800-770-2998.</p>

PLEASE NOTE: This form relates to your Pension Benefit only, and does not apply to your Health and Welfare Benefits, if applicable.

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
---	--