



APPLICATION FOR PENSION BENEFITS

SECTION 1 - COMPLETED BY THE APPLICANT – See reverse for instructions prior to completing

Member's Last Name		First Name		Member's Social Insurance Number	
Address		City/Town		Province	Postal Code
Home Telephone # ()	Date of Birth Day Month Year		Marital Status * (see reverse side) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law* <input type="checkbox"/> Divorced <input type="checkbox"/> Same Sex Partner *		Date of Marriage or Cohabitation Day Month Year
Spouse's Name		Date of Birth Day Month Year		Spouse's Social Insurance Number	
Employee Number	Present Occupation	Location	Name of Employer		Language <input type="checkbox"/> English <input type="checkbox"/> French

By signing below, my spouse and I are authorizing the use of our Social Insurance Numbers (SIN) for tax reporting, identification and processing of our pension benefit(s).

Member's signature _____ Spouse's signature _____ Date _____

This Application is hereby being made for the following type of benefit:

Termination Benefits Date of Termination: _____
 (Day, Month, Year)

Retirement Benefits Date of Retirement: _____
 (Day, Month, Year)

Death Benefits Date of Death: _____
 (Day, Month, Year)

Marriage Breakdown Date of Marriage Breakdown: _____
 (Day, Month, Year)

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that Manion, Wilkins & Associates Ltd will use the information provided by me on this application form strictly to process my pension benefits. I hereby authorize the information on this form to be released to my Union, employer and the Board of Trustees of this pension trust fund for the purpose of approving and verifying payment of pension benefits. A photocopy of this release shall be as valid as the original.

Applicant's Signature _____ Date _____

Name of Applicant (if not member) _____ SIN of Applicant (if not member) _____

SECTION 2 - COMPLETED BY UNION REPRESENTATIVE

According to Union Records, this member originally joined USW Local 1976 on _____ (Day, Month, Year)

This is to certify that the above noted member's status with the Union is as follows: Good Standing not in Good Standing due to
 Suspension Clearance Other _____ on _____ (Day, Month, Year)

Union Representative's Signature _____ Date _____

SECTION 3 - COMPLETED BY AUTHORIZED PERSONNEL REPRESENTATIVE IF MEMBER WORKING AT TIME OF TERMINATION

This is to certify that according to the records of the Employer, the information provided in this application is true and correct. The employment history of member is as follows:

Total Employee Contributions deducted for the current year:	\$
Total Employer Contributions for the current year:	\$
Indicate last pay period included in figures provided	Indicate final pay period for member

Authorized Personnel Signature _____ Date _____

INSTRUCTIONS FOR COMPLETION

- a) **SECTION 1** is to be completed by the Applicant; **SECTION 2** is to be completed by a Union Representative and **SECTION 3** is to be completed by an Authorized Personnel Representative (Employer) if member was actively working at the time of his/her termination.
- b) **APPLICATION FOR TERMINATION BENEFITS:** You may elect a termination benefit if you are no longer a member in good standing with the Union, or you have not worked for a participating employer for 24 consecutive months, and you are less than 65 years of age. Depending on the number of years you were a Member of the Pension Plan, you will receive a lump sum payment or a transfer of your Account to one of the vehicles outlined in the "Portability" section of your Member Booklet.
- c) **APPLICATION FOR RETIREMENT BENEFITS:** You may elect to retire at any time on or after your 55th birthday, and no later than the first of December in the year of your 71st birthday, providing you have been a member of the Plan for at least two continuous years and you are no longer working for a participating employer in a union position. Your Account may be used to purchase a pension in your name from an insurance company or transfer to a Life Income Fund. Your Retirement date shall not be prior to the date on which your Application is received by the Administrator.
- d) **APPLICATION FOR DEATH BENEFITS** must be accompanied by an original Death Certificate or original Funeral Director's Statement or completed Attending Physician's Statement. Also required is a Marriage Certificate (*where applicable*), and the spouse's or the beneficiary's social insurance number and proof of age, and Notarized copy of a Will (*if available*).
- e) **APPLICATION FOR MARRIAGE BREAKDOWN** must be accompanied by a Civil Union Document or Marriage Certificate and one of the following documents: Court Order, Separation or Divorce Agreement.
- f) **A PHOTOCOPY OF THE FOLLOWING MUST ACCOMPANY EACH APPLICATION:**
- Member's proof of age
 - Spouse's proof of age (if applicable)
 - Marriage certificate or notarized document of common law cohabitation (if applicable)
 - Your divorce or legal separation agreement (if applicable)

Following is a list of Proof of Age documents arranged in order of preference. If you cannot provide one of the following, contact the administrator.

- Birth Certificate issued by government authority.
- Citizenship papers, immigration papers, military record or passport that shows date of birth.
- Driver's License with picture that shows date of birth.

- g) The completed Application for Pension Benefits form along with any required documents must be sent to the administrator at the following address (fax and email not acceptable):

MANION WILKINS & ASSOCIATES LTD
4-222 Rowntree Dairy Rd
Woodbridge ON L4L 9T2
Telephone 416 234-3511 Toll Free 1 800 263-5621

* A common-law spouse or same sex partner may qualify as a "spouse" for the purpose of receiving benefits from your Pension Plan if your common-law spouse or your same sex partner is a person with whom you have been living in a manner characteristic of a legally married couple for a period of not less than one (1) year. If you do not have a common-law spouse or same sex partner, your spouse is the person to whom you are legally married.

The administrator will advise the member, the member's spouse or the member's beneficiary of the benefit status and options, if any, under the Plan.

The processing of the benefit can take up to 60 days to complete after the administrator has received all of the required documents and final contributions. Failure to provide the required documents will cause a delay in the processing of the application.

AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE MEMBER OR APPLICANT