

CWA/ITU Pension Plan (Canada)

CRA Registration No. 0554717

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.

Applicant 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			

Applicant Declaration

I hereby apply for a monthly pension from the CWA/ITU Pension Plan (Canada). 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:

Ellement Consulting Group
10154 108 St NW
Edmonton 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:

1. Birth Certificate
2. Passport
3. Citizen Certificate
4. Immigration Papers
5. Baptismal Certificate
6. Native / Metis Status Card
7. Military Identification

Original documents are not required. **Please note a driver license is not acceptable.**

NOTE: 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 photocopies of two pieces of identification (i.e. driver license and health care) showing your date of birth.

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Declaration Re: Marital Status

IN THE MATTER OF AN APPLICATION BEING MADE TO THE
CWA/ITU PENSION PLAN (CANADA)

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 CWA/ITU Pension Plan (Canada), 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 Ontario, (i.e. spouse or common-law partner) means either of two persons who:

(i) are married to each other, or

(ii) are not married to each other and are living together in a conjugal relationship,

a) continuously for a period of not less than three years, or

b) in a relationship of some permanence, if they are the natural or adoptive parents of a child, both
as defined in the *Family Law Act*; ("conjoint").

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 (signature) _____)
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

As a pensioner (or a beneficiary receiving payments), I authorize the fund to electronically deposit my monthly pension payments directly into the bank account described below. I understand I can change this authorization by sending a written notice to the fund office. I also understand my death will end the automatic deposit of pension payments without otherwise affecting future payments to which my beneficiary may be entitled.

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

*** Please 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

Social Insurance Number

Signature of Pensioner or Beneficiary receiving payments

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
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