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

Non Locked In Transfer Application

CRA Registration No. 0584888

Please print and be sure to **SIGN** and **DATE** the application. Mail the completed application and supporting documents to the address indicated at the end of this form.

A portion of this application is to be completed by the financial institute who you have selected to receive the transfer.

The application is to be submitted along with Canada Revenue Agency T2151 form (Direct Transfer of a Single Amount Under Subsection 147(19) or Section 147.3).

Applicant Information												
Name (Last)			(First)					Middle)	Sex			
									М	F		
Address (mailing)								Suite No.	11	-		
City				Provir	nce	Postal Code		Telephone Number				
Date of Birth Month Day		Day	Year		Social Insurance Number							
Instructions Regarding Proof of Age You must provide proof of age for yourself. Examples of proof documents required are: Birth Certificate, Passport, Citizenship Certificate, and Immigration Papers. If you cannot provide any of the above, please contact the fund office to discuss other possibilities.												
Beneficiary Information												
You may complete this section, if your pension is subject to a solvency deficiency. 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			(First)	rst) (N			(M	iddle)	Sex			
									М	F		
Address (mailing)												
City						Province		Postal Code				
Date of Birth (Month Day Year)							Relationship					

Underwriter Information										
Non-Locked-In Account Number (i.e. Registered Retirement Savings Plan Number)										
Name of Financial Institution										
Address (mailing)										
City	Province	Postal Code		Talanhana Number						
City	Flovince	Postal Code		Telephone Number						
Cignosture of Authorized Depresents	tive of loot	itution								
Signature of Authorized Representa	itive of inst	itution								
Name of Representative (please pri	nt)		Signature of Representative							
			Date							
Please submit a Canada Revenue Agency T2151 form (Direct Transfer of a Single Amount Under Subsection 147(19) or Section 147.3) with Area I, only, completed.										
Applicant Declaration										
I hereby apply for a transfer of the commuted value of my pension from the Bricklayers and 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 Trustees shall have the right to recover any payments made to me because of a false, misleading or inaccurate statement.										
Signature of Applicant			Date							
Signature of Witness or Pension Pa		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 you original signature by mail to:	101	ment Consulting Gro 54 108 Street NW nonton AB T5J 1L3	oup							
		ne: (780) 452-5161	Toll Fr	ee: 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 / 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.