

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

CRA Registration No. 0584888

Locked In Transfer Application

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.

The application is to be submitted with a Locking In Agreement and a Canada Revenue Agency T2151 (Direct Transfer of a Single Amount Under Subsection 147(19) or Section 147.3) forms.

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 last worked in covered employment:	Month	Day	Year

Date of Birth:	Month	Day	Year

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)	(Middle)	Sex	
			M	F

Address (mailing)

City	Province	Postal Code

Date of Birth (Month Day Year)	Relationship

PLEASE COMPLETE REVERSE

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 to a Locked In Retirement Account. 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 Partner

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 Street NW
Edmonton AB T5J 1L3

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

Bricklayers & Allied Craftworkers Pension Fund of AB & SK

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Locking In Agreement

The Financial Institution acknowledges an application has been made and received for a Registered Retirement Savings Plan, for funds being transferred from the Bricklayers & Allied Craftworkers Pension Fund of Alberta and Saskatchewan where such funds are to be only available in the form of a Deferred Life Annuity or Death Benefit.

The Financial Institution, in consideration of the issuing of the Registered Retirement Savings Plan, for the funds being transferred, agrees to administer these funds in accordance with the conditions as prescribed by the Saskatchewan Pension Benefits Act and in accordance with the conditions stated on the reverse side of this form.

DECLARATION BY APPLICANT

I, _____ Social Ins. No. _____
acknowledge the foregoing, and in consideration of the transfer to a Registered Retirement Savings Plan, on my behalf, of the Locked-In funds covered by this application and formerly held in a registered pension plan, of which I was a member, agree that the value of said Locked-In funds shall not be available to me in any form other than an annuity based on life contingencies and shall be subject to the conditions as prescribed by the Saskatchewan Pension Benefits Act and in accordance with the conditions stated on the reverse side of this form.

This form is a supplement to and forms part of the Registered Retirement Savings Plan.			
Locked-In Account Number (Registered Retirement Savings Plan Number)			
Name of Financial Institution			
Address (Street)			
City	Province	Postal Code	Telephone Number
Signature of Authorized Representative of Institution			
_____ Name of Representative (please print)		_____ Signature of Applicant	
_____ Signature of Representative		_____ Date	
<p>Please note, all banks, credit unions, trust companies and insurance companies must be on the Superintendent's List of Financial Institutions offering locked-in pension products, in order to accept transfers of locked-in funds.</p> <p>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.</p>			
Please return this form, with your original signature by mail to:		Ellement Consulting Group 10154 108 Street NW Edmonton AB T5J 1L3 Phone: (780) 452-5161 Toll Free: 1-800-770-2998	

PLEASE READ THE TRANSFER CONDITIONS ON REVERSE

TRANSFER CONDITIONS

The funds covered by this application, the Applicant and the Financial Institution shall be subject to the following conditions:

1. Subject to subsection (3) the Applicant shall not have the right to de-register the Registered Retirement Savings Plan nor the right to modify in any way the terms and conditions of the Registered Retirement Savings Plan applied for which would result in its de-registration.
2. Such funds shall not be capable of assignment or commutation, other than in the form of a Death Benefit in respect of an Applicant.
3. The Financial Institution shall not allow any transfer of part or all of such funds to a Registered Retirement Savings Plan issued by another Financial Institution unless such other Financial Institution and the Applicant complete and duly execute a form or agreement containing essentially the same terms and conditions as this Locking-in Agreement.
4. The normal retirement age for this pension plan is 65 and early retirement age is considered to be a maximum of 10 years prior to the normal retirement age. The Financial Institution must be aware of the locking-in requirements under the province which the transfer is applicable, and that the transfer can only provide a deferred pension to commence no earlier than age 55.
5. The Applicant acknowledges, the funds transferred pursuant to this agreement are Locked-In pursuant to the applicable provincial legislation, as amended from time to time. The funds are to be used solely for the purpose of ultimately providing lifetime retirement income in a form acceptable under the applicable provincial legislation.
6. The Financial Institution acknowledges, the funds transferred pursuant to this agreement are locked-in and are required to be administered in accordance with the locking-in requirements of the applicable provincial legislation and regulations, as amended from time to time.
7. The Financial Institution agrees, during the period the funds are administered, they shall administer the funds transferred in accordance with the applicable provincial legislation as indicated, and shall not permit the amount so transferred to be assigned, charged, alienated, anticipated and will ensure the funds are exempt from execution, seizure, or attachment.
8. In the event the funds held, pursuant to this agreement, are paid out in a manner that contravenes the applicable provincial legislation, the Financial Institution acknowledges, they will continue to be liable, and will be required to provide the retirement income that would have otherwise been payable.

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.