

## 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.			

**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 Laborers Pension Fund of Western 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 or Pension Partner

\_\_\_\_\_  
Name of Witness or Pension Partner (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:

Funds Administrative Service  
10154 108 Street NW  
Edmonton AB T5J 1L3

Phone: 780-453-2303 Toll Free: 1-800-661-7369