



Registration/Notice of Change

Member Information							
Name (Last)		(First)		(Middle)		Sex	
						M	F
Address (mailing)					Suite No.		
City			Province	Postal Code	Telephone Number		
Date of Birth	Month	Day	Year	Social Insurance Number			

Name Change
<p>Please submit a copy of your marriage certificate, birth certificate, divorce order or other supporting documentation for our records</p>

Direct Deposit (for members in receipt of a monthly pension payment only)							
Account No.				Bank No.		Bank Transit No.	

Marital Status
<p>In accordance with the Alberta Employment Pension Plans Act, Pension Partner (i.e. spouse or common-law) means, in relation to another person,</p> <p>(i) a person who, at the relevant time, was married to that other person and had not been living separate and apart from that other person for more than three consecutive years, or</p> <p>(ii) if there is no person to whom subclause (i) applies, a person who, immediately preceding the relevant time, had lived with that other person in a marriage-like relationship for a continuous period of at least three years, or, of some permanence, if there is a child of the relationship by birth or adoption;</p> <p>In the event of your death before retirement, your Pension Partner is automatically the beneficiary of your pension benefits (regardless of any beneficiary named here or in your will) unless a completed <i>Alberta Finance Form 3, Pension Partner Waiver of Pre-Pension Commencement Death Benefit</i> is filed with the fund office.</p>

Please circle one option only: Single Married Common-Law							
Pension Partner Name (Last)		(First)		(Middle)		Sex	
						M	F
Date of Birth	Month	Day	Year	Social Insurance Number			

Beneficiary				
Name (Last)	(First)	(Middle)	Sex	
			M	F
Date of Birth	Month	Day	Year	Social Insurance Number
Relationship				
Trustee Appointment (required only if the Beneficiary is younger than age 18):				
I do hereby appoint _____ as Trustee to receive any amount due to any beneficiary under 18 years of age and declare the receipt of such Trustee shall be a good discharge to the pension plan for the amount so paid. Failure to include the Date of Birth and Social Insurance Number can result in a delay of benefits that may be owed to a beneficiary.				

Authorization
<p>For the purpose of administering my fund and paying benefits, I hereby authorize my union, employer, legal representative, estate, beneficiary, spouse and the financial institutions with which I conduct business to communicate all information deemed necessary and held regarding myself to Ellement Consulting Group.</p> <p>Furthermore, I authorize Ellement Consulting Group to communicate the information it holds regarding myself to the said third party as mentioned in the previous paragraph. I authorize Ellement Consulting Group to use or communicate my Social Insurance Number for income tax and administrative purposes.</p> <p>A photocopy or fax of this authorization is as valid as the original.</p> <p>I certify, all of the information in this document is, to the best of my knowledge, true and complete.</p> <p>Signed this _____ day of _____ 20 _____</p> <p>Signature of Member: _____</p> <p>Your personal information is being collected for the Laborers Pension Fund of Western Canada and will be used for the purpose of administering the pension plan. Your personal information may be disclosed, now or in the future, to third parties such as our administrator, lawyers, auditors, consultants or actuaries, but only for the express purpose of administering the pension plan. All information is protected by the provisions of the Personal Information Protection Act, in the province of Alberta. By completing and signing this form you are consenting to the collection, use and disclosure of your personal information. If you have any questions regarding the collection, use or disclosure of information on this form, or if you would like a copy of the fund's Privacy Policy, contact the fund's Privacy Officer.</p>

PLEASE NOTE: This form relates to your Pension Benefit only and does not apply to your Health and Welfare Benefits, if applicable. If you wish to make any changes to your Life Insurance Beneficiary or add or delete dependents, you must contact the Fund Office for the appropriate forms.

Please return this form, with your original signature by mail to:	Ellement Consulting Group 10154 108 Street NW Edmonton AB T5J 1L3 Phone: 780-453-2303 Toll Free: 800-661-7369 Email: laborers@ellement.ca
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