

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

Please note your pension is effective the first of the month after your completed application is received unless you select a later start date.

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, Immigration Papers, Driver's License, or Nexus Card. If you cannot provide any of the above, please complete a declaration of proof of age.

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 COMPLETE REVERSE

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	

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@element.ca
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Declaration RE Marital Status

IN THE MATTER OF AN APPLICATION BEING MADE TO THE LABORERS' PENSION FUND OF WESTERN 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 Laborers Pension Fund of Western 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 Alberta Employment Pension Plans Act for an
Alberta Participant, Former Participant or Pensioner means:

a) 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, if clause a) does not apply,

b) 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.

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 in and _____)
for the Province of _____)

Applicant's Signature

Name of Commissioner (Please Print)

Expiry Date of Commissioner

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@element.ca

Authorized Documents for Proof of Age (May 2023)

Listed in order of preference, these are the only acceptable forms of proof of age. Original documents are not required.

1. Birth Certificate
2. Passport
3. Valid Canadian Driver's Licence
4. Citizen Certificate
5. Immigration Papers
6. Baptismal Certificate
7. Native / Metis Status Card
8. NEXUS Card
9. Marriage Certificate indicating your date of birth
10. Military Identification / Documentation indicating your date of birth
11. Canada Pension Plan documentation indicating your date of birth

NOTE: If you cannot provide a photocopy of any of the above documentation, please contact our office for alternative suggestions and request a Statutory Declaration.



Declaration RE Proof of Age

IN THE MATTER OF AN APPLICATION BEING MADE TO THE LABORERS' PENSION FUND OF WESTERN CANADA

I, _____ of the City of _____, in
the Province of _____, DO SOLEMNLY DECLARE THAT:

In connection with a pension application that I have made to the Laborers Pension Fund of Western Canada, I
have represented to the fund that my date of birth is _____,
as written on my pension application and as further confirmed by the _____
_____ (copy attached showing date of birth) and the _____
_____ (copy attached showing date of birth). I declare that I do not have an authorized proof of
age as requested on my pension application and I have provided the only proof of age that I have.

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 at the _____)
of _____, in the Province)
of _____, this ____ day)
of _____, 20 ____)
_____)
_____)
A COMMISSIONER FOR OATHS in and)
for the Province of _____)

Applicant's Signature

Name of Commissioner (Please Print)

Expiry Date of Commissioner

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