

## 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
<b>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.</b>

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 *Pension Benefits Act*, in the province of  
Saskatchewan "pension partner" (i.e. spouse or common-law partner) means, in relation to another person means:

- a) a person who is married to a member or former member; or
- b) if a member or former member is not married, a person with who the member or former member is cohabiting as  
spouses at the relevant time and who has been cohabiting continuously with the member or former member as his  
or her spouse for at least one year prior to the relevant time.

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@ellement.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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