

DRYWALL, ACOUSTIC, LATHING AND INSULATION

LOCAL 675 Pension Plan

Application for Pension Benefits

SECTION 1 - TO BE COMPLETED BY THE APPLICANT – See reverse for instructions prior to completing

Member's Last Name		First Name		Member's Social Insurance Number	
Address		City/Town		Province	Postal Code
Home Telephone # ()	Date of Birth Day Month Year		Marital Status * (see reverse side) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law* <input type="checkbox"/> Divorced <input type="checkbox"/> Same Sex Partner *		Date of Marriage or Cohabitation
Spouse's Name		Date of Birth Day Month Year		Spouse's Social Insurance Number	
Last contributing employer			Date last worked for a contributing employer		
By signing below, my spouse and I are authorizing the use of our Social Insurance Numbers (SIN) for tax reporting, identification and processing of our pension benefit(s).					
Member's signature		Spouse's signature		Date	

This Application is hereby being made for the following type of benefit:

Retirement Benefits Date of Retirement: _____
 Type of Retirement Normal Early Postponed (Day, Month, Year)

Termination Benefits Date of Termination: _____
 (Day, Month, Year)

Death Benefits Date of Death: _____
 (Day, Month, Year)

Disability Credits Date of Disability: _____
 (Day, Month, Year)

Application has been made for or I am in receipt of
 Long Term Disability benefits from Welfare Plan WSIB benefits Canada Pension Plan disability benefits

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that Manion, Wilkins & Associates Ltd will use the information provided by me on this application form strictly to process my pension benefits. I hereby authorize the information on this form to be released to my Union, employer and the Board of Trustees of this pension trust fund for the purpose of approving and verifying payment of pension benefits. A photocopy of this release shall be as valid as the original.

Applicant's Signature	Date
Name of Applicant (if not member)	SIN of Applicant (if not member)

SECTION 2 - TO BE COMPLETED BY UNION REPRESENTATIVE

This is to certify that the above noted member's status with the Union is as follows: Good Standing not in Good Standing due to

Suspension Clearance Other _____ on _____ 20 ____

According to Union Records, this member
 Originally joined DALI Local Union No. _____ on _____ 20 ____

Transferred from above Local to Local Union No. _____ on _____ 20 ____

Transferred from above Local to Local Union No. _____ on _____ 20 ____
 (if more space is required, attach additional page)

Union Representative's Signature _____ Date _____

INSTRUCTIONS FOR COMPLETION

- a) A PHOTOCOPY OF THE MEMBER'S AND THE CURRENT SPOUSE'S* (*if applicable*) PROOF OF AGE MUST ACCOMPANY THE APPLICATION IN ALL CASES. Following is a list arranged in order of preference. If you cannot provide one of the following, contact the administrator.
- ◆ Birth Certificate issued by government authority.
 - ◆ Citizenship papers, immigration papers, military record or passport that shows date of birth.
 - ◆ Driver's Licence with picture that shows date of birth.
- b) A PHOTOCOPY OF THE MEMBER'S Marriage Certificate, Divorce Decree or Legal Separation Agreement must also be provided (*if applicable*).
- c) APPLICATION FOR DEATH BENEFITS must be accompanied by an original Death Certificate or original Funeral Director's Statement or completed Attending Physician's Statement. Also, required is a Marriage Certificate (*where applicable*), and the spouse's or the beneficiary's social insurance number and proof of age, and Notarized copy of a Will (*if available*).
- d) APPLICATION FOR THE ACCRUAL OF PENSION CREDITS WHILE TOTALLY DISABLED must be accompanied by satisfactory proof of such disability. If you have not been approved for Long Term Disability attach a copy of your notice of Canada Pension Plan Disability Benefit entitlement.
- e) **SECTION 1** is to be completed by the Applicant, and **SECTION 2** is to be completed by a Union Representative.
- f) The completed Application for Pension Benefits form along with any required documents must be sent to the administrator at the following address:

MANION, WILKINS & ASSOCIATES LTD
4-222 Rowntree Dairy Rd, Woodbridge ON L4L 9T2
Telephone 416 234-3511

* A common-law spouse or same sex partner may qualify as a "spouse" for the purpose of receiving benefits from your Pension Plan if:

Your common-law spouse is a person of the opposite sex or your same sex partner is a person of the same sex with whom you have been living in a manner characteristic of a legally married couple:

- a) for a period of not less than three years; or
- b) for a lesser period if you and your common-law spouse or same sex partner are the natural or adoptive parents of a child.

If you do not have a common-law spouse, the definition of a spouse is the person to whom you are legally married and living with (meaning you and your spouse are not living separate and apart on the date of your retirement or death).

The administrator will advise the member, the member's spouse or the member's beneficiary of the benefit status and options, if any, under the Plan.

The processing of the benefit can take up to 60 days to complete after the administrator has received all of the required documents and final contributions. Failure to provide the required documents will cause a delay in the processing of the application.

AN INCOMPLETE APPLICATION SHALL BE RETURNED TO THE MEMBER OR APPLICANT