

# DRYWALL, ACOUSTIC, LATHING AND INSULATION

## LOCAL 675 PENSION PLAN

Request for Information

### SECTION 1 - TO BE COMPLETED BY THE APPLICANT

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 <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: \_\_\_\_\_  
(Day, Month, Year)

This member either wishes to retire, or is considering retiring on the date indicated above, and would like to know what his Normal Monthly Pension would be in addition to any other options available under the Plan.

**Retirement estimates are available to members 53 years of age or older and a member may only have one retirement estimate every 3 calendar years.**

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 \_\_\_\_\_

**ONCE COMPLETED, PLEASE FORWARD TO THE OFFICE OF THE ADMINISTRATOR AS INDICATED BELOW**  
Trust Fund Office: Manion, Wilkins & Associates Ltd, 4-222 Rowntree Dairy Rd, Woodbridge ON L4L 9T2 Tel 416 234-3511