

**APPLICATION TO RECEIVE A MONTHLY DISABILITY PENSION  
FROM THE  
SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN  
Registration Number 345850**

**Administrator's Office:**

Employee Benefit Plan Services Limited  
45 McIntosh Drive  
Markham, Ontario L3R 8C7  
Telephone: 905-946-9700, Toll Free 1-800-263-3564  
Web Site: [www.lu30plan.com](http://www.lu30plan.com)

**Union Office:**

Sheet Metal Workers Local Union 30  
190 Milner Ave  
Toronto, Ontario, M1S 5B6  
Telephone: 416-299-7260

**MEMBER'S PERSONAL INFORMATION** (see Privacy Statement on page 3)

Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

City and Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Latest Initiation Date (or Reinstatement Date): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Requested Retirement Date: \_\_\_\_\_

My Last Date of Employment with a Contributing Employer will be: \_\_\_\_\_

My Present or Last Employer will be: \_\_\_\_\_

My Marital Status is (please check one):

Married                      Date of Marriage \_\_\_\_\_ (attach a copy of marriage certificate)

Cohabiting in marriage like relationship for \_\_\_\_\_ years (attach a Declaration of Common-Law Relationship)-Pg.8

Widowed

Single

Divorced or Separated and my former Spouse is (please check one):

Entitled to a portion of my Pension Benefit (attach copy of Divorce Order or written Separation Agreement). **The name and address of your former Spouse must be shown below.**

Entitled to a portion of my Pension Benefit but I am unable to locate my former Spouse (attach copy of Divorce Order or written Separation Agreement).

Not entitled to a portion of my Pension Benefit (attach copy of Divorce Order or written Separation Agreement).

**PERSONAL INFORMATION ABOUT SPOUSE OF MEMBER** (see Privacy Statement on next page)

Spouse's Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

City and Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I am the Spouse of the Member described above. I hereby consent to the use of my Personal Information for record keeping, reporting and plan administration purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

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**PERSONAL INFORMATION ABOUT FORMER SPOUSE (if applicable)** (see Privacy Statement on next page)

Former Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**TYPE OF RETIREMENT BENEFIT**

If eligible, I want to retire on (check one only)

Normal Retirement       Early Retirement Pension       Postponed Retirement

I am the Member described above and I confirm that I have decided to retire. I hereby declare that the information I have provided is true and accurate to the best of my knowledge and belief. I understand that a false statement shall be sufficient reason for denial, suspension or discontinuance of retirement benefits under the Sheet Metal Workers Local Union 30 Pension Plan and that the Board of Trustees shall have the right to recover any payments made to me in reliance upon such false statement. I have read the explanation of the various forms of Pension payment enclosed with this application. I understand that I can change any election of a benefit prior to my Retirement Date and that my election cannot be changed after my Retirement Date. I hereby consent to the use of my Personal Information and the Personal Information of my Dependents and Beneficiaries for record keeping, reporting and plan administration purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Name of Witness (printed)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address, Telephone Number and Email of Witness

\_\_\_\_\_  
Date Signed

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**PLEASE NOTE: THE WITNESS CANNOT BE RELATED IN ANY WAY TO THE MEMBER**

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## GENERAL INFORMATION

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### Who should use the above Form?

1. Members in Good Standing of Local Union 30 who are at least Age 53, who wish to retire and start to receive their Monthly Retirement Pension.
2. Members in Good Standing of Local Union 30, regardless of age, who have become totally disabled and unable to work at any occupation in the Sheet Metal Industry for the foreseeable future, and wish to apply for a Monthly Disability Pension. Effective with disabilities that commence on or after January 1, 1997, the nature and degree of disability must prevent the Member from engaging in any occupation for which he/she is reasonably suited, having regard for his/her education, training, and experience.
3. A person who is no longer a Member in Good Standing of Local Union 30, who is at least Age 53, and who wants to start receiving a Monthly Retirement Pension.

<b>ADMINISTRATOR'S USE ONLY</b>			
Date received:	_____ 20 _____	Date processed:	_____ 20 _____
Final Contribution	_____ (mm/yyyy)	received:	_____ 20 _____
		Initials	_____

*In use effective April, 2014*

**PRIVACY STATEMENT:** THE PLAN WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES, ETC) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLAN. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLAN SHOULD BE DIRECTED TO THE ADMINISTRATION OFFICE.

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# SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

## MONTHLY PENSION APPLICATION CHECK LIST

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Before the Administrator can process your Application, there are several things that are required of you, namely:

1. You must provide solid evidence of your Date of Birth. Normally, this would be a photocopy of your Birth Certificate or Baptismal Certificate. If these are not obtainable, the Administrator may accept other evidence, as set out in the Pension Booklet under "Applying for Benefits". If you have a Spouse, who is not prepared to waive his/her entitlement to a Survivor Pension, then you must also provide the same solid evidence of her/his Date of Birth.
2. You must declare whether you have a Spouse at the time your Pension starts, because your Spouse has a legal right to receive at least 60% of your Monthly Pension should you retire and die before your Spouse. More information is in the Pension Booklet.
3. If you and your Spouse agree to waive your Spouse's right to receive a part of your Monthly Pension, this Application includes that Waiver, *which must be received by the Administrator before your Monthly Pension starts.*
4. The only Optional Form of Monthly Pension available to you, if you have a Spouse who has not waived her/his right to a Survivor Pension, is a 100% Survivor Pension, which is explained in this Application. If you are choosing this Option, you must also provide evidence of your Spouse's Date of Birth.
5. If you are applying for a Disability Pension, you must supply evidence, provided by your attending physician, regarding the nature and degree of your disability, as well as the information set out above respecting your Spouse and date(s) of birth. Disability Pensions are paid only to Members in Good Standing of Local Union 30.
6. Please remember that the Administrator cannot calculate the amount of Monthly Pension due to you until your last Contributing Employer submits the Contribution Report covering the last month you worked. These Reports are due in the Administrator's Office by the 20th day of the calendar month following the last month you worked; but if your last Employer is late in submitting that Contribution Report, the Administrator will be equally delayed in processing your Monthly Pension.
7. The Pension Plan offers several Options to you, depending upon whether you have a Spouse. Before submitting this Application, you should consider very carefully the manner in which you wish to receive your Pension, *since there can be no change after the start of your Monthly Pension.*
8. Unless you provide another Direction, your Pension will be paid to you, monthly in advance, by cheque mailed to the address you have provided on this Application. Pensions can be paid by Direct Deposit, such that they are transferred electronically on the first of every month to the Account you keep at a financial institution. If you prefer that arrangement, you must complete the Form herein entitled "Application for Direct Deposit".
9. This Application must be presented to an Officer of Local Union 30, for completion of the Certification at the end of the Application. The Administrator cannot process your Application unless and until the Certification is completed.
10. If the amount of Monthly Pension due to you is less than \$25.00, or such other amount permitted by the regulatory authorities, the Trustees reserve the right to pay you the Commuted Value of your Monthly Pension in a Lump Sum, in order to reduce the Pension Fund's administrative expenses.
11. **The Normal Retirement Age of this Pension Plan is 63, at which time full and unreduced Pensions are payable. The Plan pays Pensions as early as Age 53, on a reduced basis, all as more particularly set out in the Pension Booklet. The amount of Pension, to which you are entitled, will be reduced by ½ of 1% for each month (6% per year) of retirement in advance of your Age 63. If the effective date of your Monthly Pension is before your Age 63, you must complete the attached Plan Member's Certification in which you confirm that you are permanently ceasing any employment within the Jurisdiction of the Sheet Metal International Association, as set out in the Constitution. If you perform any work within that Jurisdiction, after your retirement and prior to your Age 63, your Monthly Pension will be affected, as set out in the Pension Booklet.**

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## AMOUNT OF MONTHLY PENSION

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In the spring of each year, the Administrator forwards to every Pension Plan Member a Statement of Earned Monthly Pension, as at the prior December 31st. When you retire, the amount of Monthly Pension payable to you will be the amount you earned to the prior December 31st, plus the amount earned by you in the year you retire. The amount of Monthly Pension expressed in the Annual Statement is known as the **Normal Form of Monthly Pension**, and means one of the following:

1. **Life, 60% Survivor Pension:** If you have a Spouse upon your retirement, and she/he has not waived the right to a Survivor Pension, then the amount of Monthly Pension due to you will be paid as long as you live. In the event of your death before your Spouse, then your Spouse will receive 60% of the amount you were receiving, and that will be paid for the balance of her/his lifetime; or
2. **Life, Guaranteed 10 Years:** If you do not have a Spouse upon your retirement, or your Spouse has waived the right to a Survivor Pension, then the amount of Monthly Pension will be paid to you as long as you live. In the event of your death before you have received 120 payments of Monthly Pension, then the balance will be paid to your Beneficiary until 120 payments, in all, have been made.

You do not have to take your Monthly Pension in the above-described Normal Form. Please read the section, below, on Pension Options, as you may find something more suitable.

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## PENSION OPTIONS

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Your ability to select an Option will be governed by whether you have a Spouse and, if so, whether your Spouse has waived her/his right to a Survivor Pension.

If you have a Spouse, and she/he has not waived the right to a Survivor Pension, then, in addition to the Life, 60% Survivor Pension, only the following Option is available:

**100% Survivor Pension:** Under this Option, the Administrator will calculate your Monthly Pension, and pay that amount to you as long as you live. Upon your death, if your Spouse survives you, then exactly the same amount will be paid to your Spouse for her/his remaining lifetime. Choosing this Option will mean that your Monthly Pension is **lower** than the Normal Form of Monthly Pension, due to the **higher** amount that you have provided for your Spouse.

If you do not have a Spouse, or your Spouse has waived the right to a Survivor Pension, then, in addition to the Life, Guaranteed 10 Years, you have three available Options, namely:

**Life, Only:** Under this Option, the amount of Monthly Pension is payable to you for as long as you live, and ceases upon your death. If you choose this Option, the amount of Monthly Pension will be **higher** than the Normal Form, because you have given up the guarantee of a minimum of 120 payments of Monthly Pension.

**Life, Guaranteed Five Years:** If you choose this Option, the amount of Monthly Pension will be payable to you as long as you live. In the event of your death before having received 60 payments of Monthly Pension, the balance will be paid to your Beneficiary. The amount of Monthly Pension payable to you will be **higher** than the Normal Form because the guarantee has been reduced from 120 to 60 payments of Monthly Pension.

**Early, Integrated:** It is possible that you are entitled to receive Old Age Security when you reach Age 65. If you are retiring before Age 65, you may wish to have your Pension paid to you under this Option so that you receive a **higher** amount than the Normal Form from the date you retire until you attain Age 65, and then a **lower** amount for the remainder of your lifetime, so that (more or less) you are receiving a level amount pension income from this Pension Plan and Old Age Security from the date you retire until your death. The Administrator can complete this calculation for you, to estimate the two amounts payable by this Pension Plan before and after your 65th birthday. These calculations will be based upon your Age when you retire and the maximum amount of Old Age Security being paid at the time you retire. You should verify your eligibility for the Old Age Security benefit if considering this Option. Under this Option, your Monthly Pension ceases upon your death.

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# SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

## STATEMENT OF MARITAL STATUS

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Every Applicant for a Pension **must** complete this Section.

\_\_\_\_\_  
(Plan Member's Name)

I, the above named and undersigned, understand that the meaning of the word "Spouse" means that person of the same or the opposite sex who,

- (a) are married to each other and are not living separate and apart, or
- (b) are not married to each other and are living together in a conjugal relationship,
  - (i) continuously for a period of not less than three years, or
  - (ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child, both as defined in the Family Law Act.

or shall mean such other definition as prescribed in the Ontario Pension Benefits Act.

### **MEMBER'S PERSONAL INFORMATION** (see Privacy Statement on next page)

I, \_\_\_\_\_ hereby certify for purposes of the Sheet Metal Workers Local Union 30 Pension Plan, that as of the date of my retirement under the Plan,

\_\_\_\_\_ I do have a Spouse, as defined above and set out immediately below is the full name, of my Spouse.

\_\_\_\_\_  
(Full Name of Spouse – Please Print)

\_\_\_\_\_ I do not have a Spouse, as defined above. I also state that (check one):

- I have never been married nor had a relationship with a person who would meet the definition of Spouse as defined above.
- I was married to \_\_\_\_\_ (name of former Spouse) or cohabited in a marriage-like relationship with \_\_\_\_\_ (name of former Spouse) but that marriage/cohabitation ended in one of the following manners (check one):
  - By death on \_\_\_\_\_ (date). (please attach a copy of death certificate)
  - By divorce on \_\_\_\_\_ (date). (please attach a copy of Divorce Order or other legal documentation supporting the dissolution of the marriage)

- By separation on \_\_\_\_\_ (date). (please attach proof of separation)
- By separation on \_\_\_\_\_ (date) but with no separation agreement.
- Other – In the event that none of the above choices is applicable, please provide details as to how you can certify that you do not have a Spouse as defined above.

\_\_\_\_\_  
 (Signature of Plan Member)

\_\_\_\_\_  
 (Date Signed)

\_\_\_\_\_  
 (Signature of Witness)

\_\_\_\_\_  
 (Date Signed)

\_\_\_\_\_  
 (Name of Witness) – please print

\_\_\_\_\_  
 (Address, Telephone Number and Email of Witness)

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**PLEASE NOTE: THE WITNESS CANNOT BE RELATED IN ANY WAY TO THE MEMBER**

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<p><b>PRIVACY STATEMENT:</b> THE PLAN WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES, ETC) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLAN. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLAN SHOULD BE DIRECTED TO THE ADMINISTRATION OFFICE.</p>
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# SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

## DECLARATION OF COMMON-LAW RELATIONSHIP

**MEMBER'S PERSONAL INFORMATION** (see Privacy Statement on next page)

Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

City and Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I, \_\_\_\_\_ the above named and undersigned, solemnly declare that I have lived with \_\_\_\_\_ in a conjugal relationship from \_\_\_\_\_ to the present time at \_\_\_\_\_ (address).

1. There are children of the common-law relationship by birth or adoption (check one)

\_\_\_\_\_ yes                      \_\_\_\_\_ no

If yes, please provide the following information on each child:

First Name	Legal Last Name	Date of Birth

**Check One**  
**Yes      No**

2. My common-law Spouse and I:

- (a) have jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live or have lived \_\_\_\_\_
- (b) jointly own property other than our place of residence \_\_\_\_\_
- (c) have joint bank, trust, credit union or charge card accounts \_\_\_\_\_
- (d) have declared each other as Spouses on federal income tax returns \_\_\_\_\_



**Yes**      **No**

3. (a) I have life insurance on myself that names my common-law Spouse as beneficiary

\_\_\_\_\_

(b) My common-law Spouse has life insurance on him/herself that names me as beneficiary

\_\_\_\_\_

4. If none of the above apply, please provide other evidence that would support your conjugal relationship as common-law Spouses.

I, \_\_\_\_\_, solemnly declare that I have lived with \_\_\_\_\_  
(name of common-law Spouse) (name of Member)

in a conjugal relationship from \_\_\_\_\_ to the present time at \_\_\_\_\_

\_\_\_\_\_  
(address)

I hereby consent to the use of my Personal Information for record keeping, reporting and Plan administration purposes.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

I hereby consent to the use of my Personal Information for record keeping, reporting and Plan administration purposes.

\_\_\_\_\_  
Common-law Spouse's Signature

\_\_\_\_\_  
Date

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### Form 3

### Waiver of Joint and Survivor Pension

Approved pursuant to the Ontario *Pension Benefits Act* (R.S.O. 1990, c. P.8, as amended)

Name of member  
or former member

We, \_\_\_\_\_  
(referred to below as the "member or former member")

Name of spouse of  
member or  
former member

and \_\_\_\_\_  
(referred to below as the "spouse")

certify that we are spouses within the meaning of the *Pension Benefits Act*.

We understand that section 44 of the *Pension Benefits Act* provides that the pension paid to the member or former member from the

Name of pension plan

**SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN - Registration #0345850**

must be paid as a joint and survivor pension if we are spouses on the date that the payment of the first installment of the pension is due and if we are not living separate and apart at that time. We also understand that the amount of pension payable to the surviving spouse must not be less than 60% of the pension paid to the member or former member while we are both alive.

We understand that we may waive our right to the joint and survivor pension provided by section 44 of the *Pension Benefits Act* by signing this waiver.

**We understand that by signing this waiver, the surviving spouse will not be entitled to any joint and survivor pension provided by section 44 of the *Pension Benefits Act*.**

We hereby waive our right to a joint and survivor pension provided by section 44 of the *Pension Benefits Act* by signing this waiver in the presence of a witness.

We understand that we may cancel this waiver at any time before the date of the commencement of payment of the member's or former member's pension.

Day, Month, Year Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of member or former member

\_\_\_\_\_  
Name and address of witness (printed)

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of spouse of member or former member

\_\_\_\_\_  
Name and address of witness (printed)

**Prior to completing this form, each party should consider obtaining independent legal advice concerning their individual rights and the effect of this waiver.**

**NOTE:** This waiver is not effective unless it is delivered to the administrator of the pension plan or the insurance company, where appropriate, within the twelve months preceding the commencement of payment of the pension benefit as required by subsection 46(2) of the *Pension Benefits Act*.

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# SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

## APPLICATION FOR A DISABILITY PENSION

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I, the undersigned, am a Member in Good Standing of Sheet Metal Workers Local Union 30, and have suffered a disability such that I am unemployable in the Sheet Metal Industry for the foreseeable future, or unemployable in any occupation for which I am reasonably suited, having regard for my education, training and experience, if the onset of my disability was on or after January 1, 1997. I have been continuously and totally disabled since \_\_\_\_\_.

If my Application for a Disability Pension is approved, I understand that my Pension will start on the first day of the calendar month first following the completion of six consecutive months from the start of my continuous, total disability, provided that I have filed this Application with the Administrator within twelve months of the onset of my disability; otherwise, I understand that my Monthly Pension will start on the first day of the calendar month first following receipt of this Application by the Administrator.

I understand that I may be eligible to receive a Disability Pension from the Canada Pension Plan, or the Quebec Pension Plan, and I already have submitted, or intend to submit, an Application for that Pension. If I have been approved to receive either a Canada or Quebec Disability Pension, I have attached hereto evidence of that Award, in which case it is unnecessary to provide the Administrator the written statement of my attending physician.

If I am not in receipt of a Canada or Quebec Disability Pension, I have included the written statement of my attending physician, attached, confirming the diagnosis of my disability, and a prognosis confirming that, for the foreseeable future, I am unemployable in the Sheet Metal Industry due to my disability or, if the onset of my disability was after December 31, 1996, confirming that I am unemployable in any occupation for which I am reasonably suited, having regard for my education, training and experience.

I have chosen the following manner in which my Monthly Disability Pension will be paid to me:

- Life, 60% Joint and Survivor Pension. (Supply Spouse's birth date evidence)
- Life, 100% Joint and Survivor Pension. (Supply Spouse's birth date evidence)
- Life, Guaranteed 10 years.
- Life, Only.
- Life, Guaranteed 5 years.
- Early, Integrated. (Complete page 12 - Acknowledgement Form)

I understand that the Administrator will process this Application in accordance with my choice, as set out immediately above, and that I cannot make a different choice after the start of my Monthly Pension.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date Signed

20\_\_\_\_

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## ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

When did symptoms first appear? \_\_\_\_\_ Year: \_\_\_\_\_

Date of first visit for present period of disability: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

To the best of my knowledge, this patient has been unable to work at any occupation in the Sheet Metal Industry since:

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Prognosis, for disabilities that commenced on/before December 31, 1996:

- In my opinion, this Patient may recover in the foreseeable future to the extent that he/she is employable in the Sheet Metal Industry.
- In my opinion, this Patient will not recover in the foreseeable future to the extent that he/she is employable in the Sheet Metal Industry.

Prognosis, for disabilities that commenced on/after January 1, 1997:

- In my opinion, this Patient may recover in the foreseeable future to the extent that he/she is employable in any occupation for which he/she is reasonably suited, having regard for his/her education, training and experience.
- In my opinion, this Patient will not recover in the foreseeable future to the extent that he/she is employable in any occupation for which he/she is reasonably suited, having regard for his/her education, training and experience.

Physician's Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All information will remain strictly confidential.

I hereby authorize the release to the Pension Plan Administrator the information requested in respect of this application.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

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# SHEET METAL WORKERS LOCAL 30 PENSION PLAN

Registration Number 345850

## ACKNOWLEDGEMENT

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I understand that by choosing the Early, Integrated Option I will receive a higher amount of monthly pension than the Normal Form from the date I retire until I attain age 65, and then a lower amount for the remainder of my lifetime.

I acknowledge that when I reach age 65 the Old Age Security may be reduced, or even eliminated if my income, or mine and my spouse's, exceed those amounts established from time to time by the Federal Government, or I may be ineligible for the Old Age Security Benefit, and I nonetheless choose the Early, Integrated Option.

Member's Name (please print) \_\_\_\_\_

Member's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_ 20 \_\_\_\_\_

**PRIVACY STATEMENT:** THE PLAN WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES, ETC) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLAN. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLAN SHOULD BE DIRECTED TO THE ADMINISTRATION OFFICE.

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# SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

## DESIGNATION OF BENEFICIARY FORM

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**Caution:** *Your confirmation of Beneficiary by means of this Form will not be revoked or changed automatically by any event including a future marriage or divorce. If you have selected either a Life, Guaranteed 5 Years or a Life, Guaranteed 10 Years form of pension, and wish to change your Beneficiary for any reason, you must do so by means of a new Designation of Beneficiary Form.*

I hereby confirm that the Beneficiary appointed by me to receive any Pension payments payable from the Sheet Metal Workers Local Union 30 Pension Plan falling due after my death is:

**BENEFICIARY INFORMATION INCLUDING PERSONAL INFORMATION OF THE BENEFICIARY (PLEASE PRINT)**

Member's Name: \_\_\_\_\_

Full Name of Beneficiary: \_\_\_\_\_

Beneficiary's Date of Birth: \_\_\_\_\_ Beneficiary's Social Insurance Number: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Beneficiary's Telephone Number: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

If my Beneficiary predeceases me and no other has been appointed, such proceeds shall be payable to my Estate. I understand that I may change this Designation of Beneficiary at any time. To do so, I must file a new Designation of Beneficiary Form with the Administration Office. **By executing this Form and submitting it to the Administration Office, I hereby revoke all prior Beneficiary designations that I have made and submitted to the Administration Office.** I hereby consent to the use of my Personal Information for record keeping, reporting and plan administration purposes.

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Witness (printed)**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**(Address, Telephone Number and Email of Witness)**

I hereby consent to the use of my Personal Information for record keeping, reporting and plan administration purposes.

\_\_\_\_\_  
**Signature of Beneficiary**

\_\_\_\_\_  
**Date**

**PRIVACY STATEMENT:** THE PLAN WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES, ETC) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLAN. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLAN SHOULD BE DIRECTED TO THE ADMINISTRATION OFFICE.

# SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

## DIRECTION FOR DIRECT DEPOSIT

To overcome the possibility of lost or delayed mail and other postal disruptions, we strongly recommend that you consider having your monthly Pension deposited directly to a bank account which is in your name only. **Direct deposit to a joint account is not permitted.** To take advantage of this service, you must have an active account with a chartered bank, credit union or trust company in Canada which participates in direct deposits through the Canadian Banking System. All you need to do is sign below and attach a sample cheque or deposit slip which has been marked VOID.

### MEMBER'S PERSONAL INFORMATION (see Privacy Statement below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

➤ **PLEASE ATTACH A SAMPLE PERSONALIZED DEPOSIT SLIP OR CHEQUE MARKED "VOID"**

✓ If you are not attaching a VOID cheque, please complete the information marked below.

✓ Deposit to (Name of Member's Bank or Financial Institution):  
\_\_\_\_\_

✓ Address of Branch:  
\_\_\_\_\_

✓ **Bank Number**

**Transit Number**

**Account Number**  
\_\_\_\_\_

✓ **Type of Account (check one):** Savings \_\_\_\_\_ Chequing \_\_\_\_\_

The Trustees of the Sheet Metal Workers Local Union 30 Pension Fund are hereby authorized to deposit all future payments due to me to my personal account at the Financial Institution designated above. I also acknowledge and agree that any payments made after my death, or paid in error while I am alive are to be returned to the Trustees of the Sheet Metal Workers Local Union 30 Pension Fund by me, my estate or my Financial Institution upon demand. This authorization shall remain in effect unless cancelled by me in writing. I certify that the above account is in my name only and will not at any time be changed to a joint account. I hereby consent to the use of my Personal Information and the Personal Information of my Dependents and Beneficiaries, for record keeping, reporting and Plan administration purposes.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

*Please keep a copy of this Form for your records.*

**PRIVACY STATEMENT:** THE PLAN WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES, ETC) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLAN. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLAN SHOULD BE DIRECTED TO THE ADMINISTRATION OFFICE.

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# SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

## CERTIFICATION BY

## SHEET METAL WORKERS LOCAL UNION 30

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Applicant's Name: \_\_\_\_\_

I am an Officer of Sheet Metal Workers Local Union 30, and I certify that the information appearing below is true and correct, to the best of my knowledge, as at the date appearing below:

The Applicant is a Member in Good Standing of Local Union 30.

The Applicant is no longer a Member in Good Standing of Local Union 30,  
as at \_\_\_\_\_.

\_\_\_\_\_  
Officer's Name - Please Print

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_ 20\_\_\_\_\_  
Date Signed

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# SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

## PLAN MEMBER'S CERTIFICATION

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To be completed for Retirements prior to Age 63

\_\_\_\_\_  
(Plan Member's Name – please print)

The effective date of my Monthly Pension is prior to my attainment of Age 63. I understand that my Monthly Pension can be paid to me at any time after my attainment of Age 53, which I have chosen, and I fully understand that I must refrain from any employment in the Sheet Metal Industry that is governed by the jurisdiction claimed in the Jurisdiction Section of the Constitution of the Sheet Metal Workers International Association, of which I am fully aware, as well as any Local Union 30 Bylaws affecting such employment. The amount of Pension, to which you are entitled, will be reduced by ½ of 1% for each month (6% per year) of retirement in advance of your Age 63.

\_\_\_\_\_  
(Plan Member's Signature)

\_\_\_\_\_<sup>20</sup>  
(Date Signed)

**PRIVACY STATEMENT:** THE PLAN WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLAN MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS, LEGAL COUNSEL, ACTUARIES, ETC) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLAN. QUESTIONS RELATED TO THE PRIVACY POLICY OF THE PLAN SHOULD BE DIRECTED TO THE ADMINISTRATION OFFICE.