

**APPLICATION TO RECEIVE A MONTHLY 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

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

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

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

GENERAL INFORMATION

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.

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

In use effective April 1, 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 PLAN 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

MONTHLY PENSION APPLICATION CHECK LIST

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 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.**

AMOUNT OF MONTHLY PENSION

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.

PENSION OPTIONS

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.

SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

STATEMENT OF MARITAL STATUS

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 either of two persons 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)

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

<p>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 PLAN 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>

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

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 PLAN 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.



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*.

SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

APPLICATION FOR A RETIREMENT PENSION

I _____ (Member's Name - please print) am the Pension Plan Member whose signature appears below. I wish to retire such that my Pension starts on the first day of _____, 20_____, and accompanying my Application is evidence of my own date of birth, and that of my Spouse if I have chosen the Option set out below known as the 60% or 100% Joint and Survivor Pension. I understand that the earliest date on which my Retirement Pension can start is the first day of the calendar month following the last day I worked for a Contributing Employer, provided I am at least Age 53. 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.

I have completed a Statement of Marital Status and have disclosed whether I have a Spouse. If my Spouse and I are waiving my Spouse's right to a Joint and Survivor Pension, we have also completed the required Waiver of Joint and Survivor Pension form.

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

Check one:

- 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 Administration Office will process this Application for a Retirement Benefit 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

_____ 20_____
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 PLAN 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

ACKNOWLEDGEMENT

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 PLAN 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

DESIGNATION OF BENEFICIARY FORM

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 PLAN 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 PLAN 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

CERTIFICATION BY

SHEET METAL WORKERS LOCAL UNION 30

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

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 PLAN 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

PLAN MEMBER'S CERTIFICATION

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)

_____20_____
(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 PLAN 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.