



THE ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND

MEMBER INFORMATION FORM

IMPORTANT NOTE: Please fill out this form completely. The information provided on this form will replace information provided on all earlier Member Information Forms or Application Cards. You must notify us of any changes to the information below.

MEMBER'S PERSONAL INFORMATION

NAME: LAST		FIRST / MIDDLE		SOCIAL INSURANCE NUMBER	
APT. NO.	NUMBER / STREET		CITY	PROVINCE	POSTAL CODE
EMAIL			TELEPHONE		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/>
DATE OF BIRTH		PRESENT EMPLOYER	DATE EMPLOYED	LOCAL UNION #	DATE JOINED UNION
MONTH	DAY	YEAR	MONTH	DAY	YEAR

Please indicate your marital status.

MARITAL STATUS

Single ☐ Married ☐ Common Law ☐ Divorced ☐ Separated ☐ Widowed ☐

If you are married, please provide date of marriage: _____

If you are Separated or Divorced, please provide a copy of your Divorce/Separation Agreement.

If you are in a Common-Law relationship, please complete the following statement (A Common-Law relationship is defined as a person you are not married to and who is living with you in a conjugal relationship, (i) Continuously for a period of not less than three years, or (ii) In a relationship of some permanence, if you are the natural or adoptive parents of a child, both as defined in the Children's Law Reform Act):

I do hereby declare that _____ (spouse's name - please print) is my Common-Law Spouse with whom I have been cohabiting since _____ (date cohabitation commenced) and whom I publicly represent as my Spouse.

(Your Signature)

This signature is only required if member is in a Common-Law relationship.

If your employer is participating in the Pension Plan, please complete this section.

The person(s) named as your Pension beneficiary will be the recipient of any remaining pension benefit Upon your death (depending on the option you select when you retire).

PENSION BENEFICIARY

Pension Plan Registration Number: 0278408

BENEFICIARY NAME: LAST		FIRST / MIDDLE		RELATIONSHIP	
APT. NO.	NUMBER / STREET		CITY	PROVINCE	POSTAL CODE
EMAIL			TELEPHONE		

If the above named beneficiary predeceases me, my contingent beneficiary is: _____

If no contingent beneficiary has been appointed, benefits payable are paid to your Estate.

In the event of your death, your spouse is automatically the first person eligible to receive a pension benefit unless a spousal waiver is on file, no matter who you designate as a beneficiary. Your beneficiary will become eligible for benefits only if you do not have a spouse on your date of death.

Caution: Your designation of a beneficiary by means of this Member Information Form will not be revoked or changed automatically by any future event (including marriage or divorce) unless required by law or regulation. Should you wish to change your beneficiary, you must do so by completing a new Member Information Form.

I hereby appoint _____ as Trustee to receive any amount(s) payable to any Beneficiary under the Age of Majority.

Trustee's Name _____ Relationship _____
first name, last name

The person named as a Trustee will receive any benefits payable on behalf of your beneficiary(ies), if they are under the age of majority at the time of your death (not applicable in Quebec).

By signing below, I hereby certify that the information provided above is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plan's Administration Office.

I consent to the collection, use and disclosure of my personal information ____YES ____NO

Member Signature and Consent _____ Date _____

Witness Signature _____ Date _____

Privacy Statement: I authorize the Ontario Teamsters Multi Local Pension Plan ("the Plan"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plan or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plan. Personal information will be protected pursuant to the applicable legislation. The Plan may collect, maintain, use and disclose my personal information with relevant persons or organizations (Plan trustees, actuaries, employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, locator firms, legal counsel, law enforcement agencies, other plans and their administrators or unions, financial institutions, regulators, re-insurers) in order to manage the Plan and entitlement to the benefits of the Plan, and may include information such as social insurance numbers, financial, family, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.