The Ontario Teamsters Multi Local Pension Trust Fund

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ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND
LOCAL 847 DIVSION
Canada Revenue Agency Registration Number 0278408

APPLICATION FOR A RETIREMENT BENEFIT-SMALL PENSION ENTITLEMENT

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

Name: _____ Social Insurance Number: _____

Address: _____

City and Province: _____Postal Code: _____Tel No: _____

Plan Joined Date: _____

Date of Birth: _____ **(Please attach a copy of your Birth Certificate)**

My Last Date of Employment with a Contributing Employer will be_____

My Last Employer before my retirement will be _____

My Marital Status is (**please check all applicable**):

_____ Married Date of Marriage _____ **(attach a copy of Marriage Certificate)**

_____ Cohabiting in marriage like relationship for ____ years (attach a Declaration of Common-Law Spouse)

_____ Widowed

_____ Single

_____ Divorced or Separated and my Former Spouse(s) is(are) (please check one):

- _____ Entitled to a portion of my Pension Benefit (attach a copy of all Divorce Orders or written Separation Agreements). The name and address of your former Spouse(s) must be shown below.
- _____ Entitled to a portion of my Pension Benefit but I am unable to locate my former Spouse(s) (attach a copy of all Divorce Orders or written Separation Agreements)
- _____ Not entitled to a portion of my Pension Benefit (attach a copy of all Divorce Orders or written Separation Agreements)

Please note the Pension Plan may require the Former Spouse to complete the Waiver of Joint and Survivor Pension prescribed in legislation.

PERSONAL INFORMATION ABOUT CURRENT SPOUSE OF MEMBER

Spouse's Name: _____ Social Insurance Number: _____

Address: _____

City and Province: _____ Postal Code: _____ Tel No: _____

Date of Birth: _____ **(Please attach a copy of Spouse's Birth Certificate)**

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

_____ _____

Spouse's Signature **Date**

INFORMATION ABOUT FORMER SPOUSE(S) (attach a separate paper if applicable)

Spouse's Name: _____

Address: _____

City and Province: _____ Postal Code: _____

( ) Separate paper attached.

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. I hereby consent the use of my Personal Information and the Personal Information of my Spouse, Former Spouse(s), Dependants and Beneficiaries for record keeping, reporting and Plan administration purposes.

_____ _____

Plan Member's Signature **Date**

_____ _____

Printed Name and Signature of Witness * **Date**

_____

Witness Address, Telephone Number and E-mail Address (Please Print)

***Witness cannot be a family member**.

Please keep a copy of this Form for your records.

Any person entitled to a Benefit, or the Pension partner or the designated beneficiary or agent of that person is permitted to examine the Plan documents.

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 applicable legislation. The Plan may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plan and entitlement to the benefits of the Plan. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.