The Ontario Teamsters Multi Local Pension Trust Fund

Office of the Trust Fund: Employee Benefit Plan Services, 2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1
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APPLICATION FOR A RETIREMENT BENEFIT

LOCAL 847 DIVISION

Canada Revenue Agency Registration Number 0278408

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: _____

Requested Retirement Date: _____

Cannot be before the first of the month following receipt of Application. Retroactive payments are not permitted.

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.

I have received independent legal advice on my entitlements to the Pension Benefit. I am also attaching the Plan's Certificate of Independent Legal Advice.

_____ _____

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.

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STATEMENT OF MARITAL STATUS (ONTARIO)

Under the *Ontario Pension Benefits Act*, "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 *Children's Law Reform Act*,

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

MEMBER'S PERSONAL INFORMATION

I,_____(please print) the undersigned Plan Member, hereby certify for the purposes of the Ontario Teamsters Multi Local Pension Trust Fund, Local 847 Division, that as of the date of my retirement under the Plan,

_____ I do have a Spouse, as defined by the *Ontario Pension Benefits Act*;

_____ I do not have a Spouse, as defined by the *Ontario Pension Benefits Act*;

_____ I do have an ex-Spouse, or ex-Spouses (if yes, please attach a copy of all Divorce/Separation Agreement(s)).

_____ _____
Full Name of Spouse – Please Print **Spouse's Date of Birth**

_____ _____
Plan Member's Signature **Date Signed**

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

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

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DECLARATION OF COMMON-LAW SPOUSE

I,_____do hereby declare that _____
(Member's name - please print) (Spouse's name – please print)

is my Common-Law Spouse with whom I have been cohabitating since:

_____
(Date cohabitation commenced)

and whom I publicly represent as my Spouse.

_____ _____
Signature of Plan Member Date

_____
Plan Member's Address

_____ _____
Printed Name and Signature of Witness* Date

_____
Witness' Address, Telephone Number and Email Address (Please Print)

**WITNESS CANNOT BE A FAMILY MEMBER.*

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RETIREMENT PENSION OPTION FORM

I am the Pension Plan Member whose signature appears below. I wish to retire such that my Pension starts on the **first day of**_____, and accompanying my Application is evidence of my own date of birth, and that of my Spouse if I have chosen a Joint and Survivor Option set out below.

I have completed that part of this Application disclosing 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 that part of the Application.

Updated August 2019

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

Option 1 ❑ Life, 100% Joint and Survivor Pension

Option 2 ❑ Life, 60% Joint and Survivor Pension

Option 3 ❑ Life Only Pension

Option 4 ❑ Life Pension, Guaranteed 60 months (5 years) – Beneficiary designation required

Option 5 ❑ Life Pension, Guaranteed 120 months (10 years) – Beneficiary designation required

Option 6 ❑ Life Pension, Guaranteed 180 months (15 years) – Beneficiary designation required

Option 7 ❑ Life Pension, Integrated with government benefits

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.

_____ _____

Plan Member's Signature Date Signed

_____ _____

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

_____

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

Witness cannot be a family member.

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Financial Services Commission of Ontario

Form 3 - Waiver of Joint and Survivor Pension
Under section 44 of the Pension Benefits Act

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

Send this form to the plan administrator or the insurer
Do not send it to the Financial Services Commission of Ontario

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 **Ontario Teamsters Multi Local Pension Trust Fund – Local 847 Division – Registration# 0278408**

must be paid as a joint and survivor pension if we are spouses on the date that the payment of the first instalment 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 spouse is giving up the right to a survivor pension on the death of the member or former member, as 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_____, _____

_____ _____
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)

NOTE: 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 **dated, signed and 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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ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND REGISTRATION NUMBER 0278408

Administration Office

2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

CERTIFICATE OF INDEPENDENT LEGAL ADVICE

Plan Member's Name: _____

I, _____ [insert your name] am the Spouse of the Plan Member named above. I understand that, under the terms of applicable pension legislation, I am entitled to a Joint and Survivor pension from the Ontario Teamsters Multi Local Pension Trust Fund (the "Pension Plan"). The Pension Plan has referred me to Legal Counsel and that person or firm is named below. This entitlement has been explained to me by Legal Counsel. I understand that, if I am waiving my entitlement which has been explained to me by Legal Counsel, I must complete a Waiver of Joint and Survivor Pension (the "Waiver Document") prescribed by pension legislation. I understand that the Waiver Document will be filed with the Pension Plan. I understand that, once the Waiver Document has been filed with the Pension Plan, the Pension Plan will commence a pension payable to the Plan Member named above based on the documents filed with the Pension Plan, including the Waiver Document, if any.

I hereby acknowledge that all of the statements made in this Certificate of Independent Legal Advice are true and that the Independent Legal Counsel named below was consulted by me as my personal legal counsel and in my interest only.

Signature of Spouse of the Plan Member: _____

Name and Address of Independent Legal Counsel: _____

_____

_____

The Certificate of Independent Legal Advice must be filed with the Pension Plan prior to the commencement of any pension from the Pension Plan for which a Waiver of Joint and Survivor Pension is required.

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CONFIRMATION 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. Should you wish to change your Beneficiary for any reason, you must do so by means of a new Confirmation of Beneficiary Form.***

I hereby confirm that the Beneficiary appointed by me to receive any Pension payments falling due after my death is:

BENEFICIARY INFORMATION INCLUDING PERSONAL INFORMATION OF THE BENEFICIARY

Name of Beneficiary: _____

Beneficiary's Date of Birth: _____

Beneficiary's Social Insurance Number: _____

Beneficiary's Address: _____

City/Province: _____ Postal Code: _____

Tel No: _____

Relationship to Member: _____

If my Beneficiary predeceases me and no other has been appointed, such proceeds shall be payable to my Estate. I hereby consent the use of my Personal Information 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.

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

_____ _____
Beneficiary's Signature **Date**

Please keep a copy of this Form for your records.

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Release and Indemnity

The Ontario Teamsters Multi Local Pension Plan – Local 847 Division Pension Trust Fund and/or the Ontario Teamsters Multi Local Pension Plan – Local 847 Division Pension Plan shall be fully indemnified, *including by my estate*, in the event any person receives a pension benefit that such person is not entitled to receive. This indemnification extends to and includes payment of all interest, reasonable legal, auditing, administrative and other charges in recovering same.

Section 1: Member (you must complete and sign this section)

Member's Name (please print): _____

Member's Signature: _____ Date: _____

Name of Witness to Member's Signature: _____

Witness' Address: _____

Witness' Telephone Number: _____

Witness' Signature: _____ Date: _____
Witness cannot be a family member.

Section 2: Spouse (to be completed by Member's Spouse if entitled to a Joint and Survivor Pension)

Spouse's Name (please print): _____

Spouse's Signature: _____ Date: _____

Name of Witness to Spouse's Signature: _____

Witness' Address: _____

Witness' Telephone Number: _____

Witness' Signature: _____ Date: _____
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REQUEST FOR DIRECT DEPOSIT OF PENSION BENEFIT PAYMENTS

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. **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

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 Financial Institution): _____

Address of Branch: _____

Bank Number	**Transit Number**	**Account Number**
_____	_____	_____

The Trustees of the Ontario Teamsters Multi Local Pension Trust Fund are hereby authorized to deposit payments due to me to my 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 Ontario Teamsters Multi Local Pension Trust Fund by me, my estate or my Financial Institution upon demand. This authorization shall remain in effect unless cancelled by me in writing. 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 Email Address (Please Print)

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