

## **ENROLLMENT FORM**

Please complete and send this form to the Fund Office at the following address. 331 Cooper Street, Suite 703 • Ottawa, ON K2P 0G5 • T: 1.888.354.5444 • 613.567.8259 • F: 613.594.9038

| Name: Last  | Developed Information  |   |  |
|---|--|---|--|
| Name: Last First Marital Status:    YYYY-MM-DD  | Personal Information   |   |  |
| Last   First   Maide   Date of Birth:   | S.I.N  | Gender: Male Female                           |  |
| Last   First   Maide   Date of Birth:   | Name:  |   |  |
| YYYY-MM-DD  | Last First   | Middle  |  |
| Preferred Language:   English   French   Domestic Partnership   Divorced   Widowed    Contact Information  Address:   Province   Postal Code    E-mail Address:   Job Classification:   City and Province of Employer:   Date of Hire with Present Employer:   If applicable, Name of any previous I.A.M. Multi-Employer Pension Plan (Canada) Contributing Employer:   If applicable, Lodge Number of any other I.A.M. local of which you have been a member:   Spousal Information (Please see reverse for the definition of a spouse.)  Name:   Last   First   Middle    Beneficiary Designation (For more information on naming beneficiaries, please see reverse.)  Name:   Last   First   Middle    Beneficiary Designation (For more information on naming beneficiaries, please see reverse.) | Date of Birth:   | Marital Status:                               |  |
| Contact Information  Address:  City/Town  | YYYY-MM-DD   | ☐ Single ☐ Married ☐ Separated                |  |
| Address:  City/Town Province Postal Code  E-mail Address:   | Preferred Language:  | ☐ Domestic Partnership ☐ Divorced ☐ Widowed   |  |
| City/Town   | Contact Information  |   |  |
| City/Town   | Address:   |   |  |
| E-mail Address:    Employment Information   |  |   |  |
| Employment Information  Name of Present Employer: Job Classification:   | City/Town Province   | Postal Code                                   |  |
| Employment Information  Name of Present Employer: Job Classification:   | •  |   |  |
| Name of Present Employer:   |  |   |  |
| Name of Present Employer:   | Empleyment Information   |   |  |
| City and Province of Employment: Date of Hire with Present Employer: If applicable, Name of any previous I.A.M. Multi-Employer Pension Plan (Canada) Contributing Employer: If applicable, Lodge Number of any other I.A.M. local of which you have been a member: Spousal Information (Please see reverse for the definition of a spouse.)  Name:  | · · ·  |   |  |
| If applicable, Name of any previous I.A.M. Multi-Employer Pension Plan (Canada) Contributing Employer:  |  |   |  |
| Spousal Information (Please see reverse for the definition of a spouse.)  Name:  Last First Middle  Gender: Male Date of Birth:  Beneficiary Designation (For more information on naming beneficiaries, please see reverse.)  Name:  Last First Middle  | City and Province of Employment:   | Date of Hire with Present Employer:           |  |
| Spousal Information (Please see reverse for the definition of a spouse.)  Name:  Last First Middle  Gender: Male Date of Birth:  Beneficiary Designation (For more information on naming beneficiaries, please see reverse.)  Name:  Last First Middle  | If applicable, Name of any previous I.A.M. Multi-Employer Pension Plan (Canada) Contributing Employer: |   |  |
| Name:   | If applicable, Lodge Number of any other I.A.M. local of which you have been a member:                 |   |  |
| Name:   |  |   |  |
| Name:   | Sparrad Information (Planes and reverse for th   | as definition of a analysis )                 |  |
| Cast   First   Middle     Gender:   Male   Female   Date of Birth:       Beneficiary Designation (For more information on naming beneficiaries, please see reverse.)    Name:   Last   First   Middle   | Spousai information (Please see reverse for th   | e definition of a spouse.)                    |  |
| Gender: Male Date of Birth:  Beneficiary Designation (For more information on naming beneficiaries, please see reverse.)  Name: Last First Middle   | Name:  | Middle  |  |
| Beneficiary Designation (For more information on naming beneficiaries, please see reverse.)  Name:  Last First Middle   |  |   |  |
| Name:   | Gender: Male Female Date of Birth:   |   |  |
| Name:   |  |   |  |
| Name:   | Beneficiary Designation (For more information  | on naming beneficiaries, please see reverse.) |  |
| Last First Middle   | ·  | , , , , , , , , , , , , , , , , , , ,         |  |
| Beneficiary Relationship: Beneficiary Type:  Individual Organization  | Last First   | Middle  |  |
|   | Beneficiary Relationship: B  | eneficiary Type:                              |  |
|   | Address:   |   |  |
|   |  |   |  |
| City/Town Province Postal Code  | City/Town Province   | Postal Code                                   |  |

7727265v1/13801.002 ENRL(Jan 2013)

| I authorize the collection and use of all information contained in this form by the Board of Trustees of the I.A.M. Multi-Employer Pension Plan (Canada) and their designated agents and advisors, including the use of social insurance number for identification, administration and tax reporting purposes. I also authorize the collection, retention, disclosure and sharing of my personal information by the Board of Trustees and their designated agents, advisors and service providers as may be required to administer the Plan including determining eligibility for benefits, processing and paying benefits and on-going financial management of the Plan including cost analysis and internal audits. I understand that I may withdraw all or part of my consent at any time, in writing, but that doing so may interfere with the administration of the Plan and any benefits that may be payable to me. For more information on how the Fund Office ensures your information is protected, please refer to the I.A.M. Multi-Employer Pension Plan (Canada) Privacy Policy. |
|--|
| Signature Date   |

## Who qualifies as my spouse? (Federal Pension Benefits Standards Act)

A spouse is someone who, at the time of determination is legally married to you. A spouse may also be someone of the same or opposite sex who, as of the time of determination, has been living with you continuously in a conjugal relationship for at least one (1) year.

Your spouse is the first in line for survivor benefits, unless entitlement to pre- or post-retirement death benefits has been waived.

If there is any conflict between the above definition of spouse and the Plan Rules & Regulations, the Rules & Regulations apply.

## Naming beneficiary or beneficiaries.

Declaration

Signature

The primary beneficiary designation applies only if you die before retirement and you do not have a spouse at the time of your death. If you have a spouse, he or she is first in line for any survivor benefits that may be payable under the Plan.

Your beneficiary can be a person(s), organization or your estate. You will get an opportunity to confirm your beneficiary choice(s) at the time that you apply to receive your retirement benefit. You can change your beneficiary at any time by completing and submitting the required form to the I.A.M. Multi-Employer Pension Plan (Canada) Fund Office.

If you have a spouse and you complete the Beneficiary Designation section, your designated beneficiary is the person who would receive the death benefit, if any death benefit is payable after your death should your spouse die before you.

## What if I want to name my child as a beneficiary?

Someone under the age of 18 (known legally as a minor) can not directly receive survivor benefits. However, you can still ensure that a minor is eligible for any survivor benefits payable upon your death in two ways:

- List your "Estate" as your beneficiary in the Designated Beneficiary section. In your will you must direct that your I.A.M. Multi-Employer Pension Plan (Canada) Death Benefits go to the minor. You must also name a Trustee for the child.
- List the minor as your beneficiary and designate a Trustee for the child in your will.

You should not name a Trustee as your beneficiary. If you name a Trustee as your beneficiary, any survivor benefits will go to that individual, who will be legally entitled to spend the money.

The Fund Office recommends that you get independent legal advice to ensure your will accurately reflects your wishes.

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