



# I.A.M. Labour-Management Pension Fund (Canada)

## Enrolment Form

*Please complete and send this form and all related documents to:*  
**I.A.M. Labour-Management Pension Fund (Canada)**  
**331 Cooper Street, Suite 703, Ottawa, Ontario K2P 0G5**

**Tel: 613.567.8259**  
**Toll-free: 1.888.354.5444**

### 1. Personal Information

S.I.N. _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____		
_____ Last	_____ First	_____ Middle
Date of Birth: _____		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French		

### 2. Contact Information

Address: _____		
_____ Street		
_____ City/Town	_____ Province	_____ Postal Code
E-mail Address: _____		

### 3. Employment Information

Name of Present Employer: _____		
Job Classification: _____	Date of Hire: _____	
	yyyy	mm dd
City and Province of Employment: _____		

### 4. Spousal Information (Please see reverse for the definition of a spouse.)

Name: _____		
_____ Last	_____ First	_____ Middle
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____	
	yyyy	mm dd

### 5. Beneficiary Designation (For information on naming a beneficiary, please see reverse.)

Name: _____		
_____ Last	_____ First	_____ Middle
Beneficiary Relationship: _____	Beneficiary Type: <input type="checkbox"/> Individual <input type="checkbox"/> Organization	
Address: _____		
_____ Street		
_____ City/Town	_____ Province	_____ Postal Code

Name: _____		
_____ Last	_____ First	_____ Middle
Beneficiary Relationship: _____	Beneficiary Type: <input type="checkbox"/> Individual <input type="checkbox"/> Organization	
Address: _____		
_____ Street		
_____ City/Town	_____ Province	_____ Postal Code

Name: _____		
_____ Last	_____ First	_____ Middle
Beneficiary Relationship: _____	Beneficiary Type: <input type="checkbox"/> Individual <input type="checkbox"/> Organization	
Address: _____		
_____ Street		
_____ City/Town	_____ Province	_____ Postal Code

Name: _____		
_____ Last	_____ First	_____ Middle
Beneficiary Relationship: _____	Beneficiary Type: <input type="checkbox"/> Individual <input type="checkbox"/> Organization	
Address: _____		
_____ Street		
_____ City/Town	_____ Province	_____ Postal Code

### 6. Declaration on Beneficiary Designation

The above designation revokes any previous beneficiary designation the Trustees of the I.A.M. Labour-Management Pension Fund (Canada) may have on file. I reserve the right to revoke and change my beneficiary designation at any time by giving written notice on the form prescribed by the Trustees of the I.A.M. Labour-Management Pension Fund (Canada).

_____ Signature	_____ Date
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## 7. Certification and Authorization

I certify that the information I have provided on this form is accurate and complete. I authorize the collection and use of all information contained in this form, and any additional personal information which I may hereafter provide, by the Trustees of the I.A.M. Labour-Management Pension Fund (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 Trustees and their designated agents, advisors and service providers as may be required to administer the Plan including but not limited to 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. I understand that for more information on how the Fund Office ensures my personal information is protected, I may refer to the Fund's Privacy Note to Members.

Signature

Date

## General Information

### Who qualifies as my spouse? (Federal)

A spouse is someone who, at the time of determination, is married to you or is party to a void or, in Quebec, null marriage. A spouse may also be someone who, at the time of determination, is living with you in a conjugal relationship for at least one year. If you have a married spouse from whom you are separated and you are living with another person, for purposes of this Plan, your spouse is the person with whom you are living in a conjugal relationship for at least one year.

### Naming beneficiary or beneficiaries.

The beneficiary designation applies if you die before retirement and you do not have a spouse at the time of your death. Your beneficiary can be a person(s), organization or your estate. You can change your beneficiary at any time by completing another Marital Status / Beneficiary Change Form and submitting it to the Fund office. Your designation is not valid until this form is received by the Fund Office.

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

You may name more than one beneficiary. In this event, any death benefit that is payable will be divided in equal shares among them unless you indicate otherwise. If one of the beneficiaries dies before you, his/her share would be divided among the remaining beneficiaries.

### What if I want to name a minor as a beneficiary?

Someone under the age of 18 (known legally as a minor) cannot directly receive survivor benefits. If you want to ensure your child will benefit from any death benefit upon your death, you should get independent legal advice on how this can be done.

***Please note that the information provided above does not cover all details of the Plan. The official Plan document governs in the event of a conflict, discrepancy or omission.***