



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: Male Female

Name: _____
Last First Middle

Date of Birth: _____

Preferred Language: English French

Marital Status:
 Single Married Separated
 Domestic Partnership Divorced Widowed

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: Male 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: Individual Organization

Address: _____
Street

City/Town Province Postal Code

Name: _____
Last First Middle

Beneficiary Relationship: _____ Beneficiary Type: Individual Organization

Address: _____
Street

City/Town Province Postal Code

Name: _____
Last First Middle

Beneficiary Relationship: _____ Beneficiary Type: Individual Organization

Address: _____
Street

City/Town Province Postal Code

Name: _____
Last First Middle

Beneficiary Relationship: _____ Beneficiary Type: Individual 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 _____

Please continue to section 7.

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? (Newfoundland)

A spouse is

(a) a person who, at the time of determination,

(i) is married to you,

(ii) is married to you by a marriage that is voidable and has not been voided by a judgment of nullity, or

(iii) has gone through a form of marriage with you, in good faith, that is void and is living or has lived with you within the preceding year;

or

(b) a person who, at the time of determination, does not meet the definition of (a) above and who has lived continuously with you in a conjugal relationship

(i) for a period of not less than 3 years if there is a person to whom the definition of (a) above applies, or

(ii) for a period of not less than one year if there is no one to whom the definition of (a) above applies,

and, in either case, is living or has lived with you within the preceding 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.