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

Enrollment Form

Please complete and send this form and all related documents to:
I.A.M. Labour-Management Pension Fund (Canada) ***Tel: 613.567.8259***
331 Cooper Street, Suite 703, Ottawa, Ontario K2P 0G5 ***Toll-free: 1.888.354.5444***

1. Personal Information

S.I.N. _____ Gender: ☐ Male ☐ Female

Name: _____
Last First Middle

Date of Birth: _____

Marital Status:
☐ Single ☐ Married ☐ Separated
☐ Domestic Partnership ☐ Divorced ☐ Widowed

Preferred Language: ☐ English ☐ 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: ☐ 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? (Alberta)

A spouse is someone who, at the time of determination, is married to you and has not been living separate and apart from you for longer than 3 years. If the preceding definition does not apply, then a spouse may be someone who, at the time of determination, has been living with you in a marriage-like relationship (a) for a continuous period of at least 3 years preceding the time of determination *or* (b) of some permanence if there is a child of the relationship by birth or adoption.

Your spouse is first in line for survivor benefits. Your spouse may waive entitlement to the survivor benefits by completing and submitting a spousal waiver form to the Fund Office. In this event, your designated beneficiary is the person who would receive the death benefit, if any are payable after your death. Please note that the law does not permit your spouse to be designated as a beneficiary to receive the pre-retirement death benefit if he or she waives entitlement to the pre-retirement survivor pension.

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 or your spouse has waived his/her entitlement to the pre-retirement survivor pension. 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.