

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

Tel: 613.567.8259

Toll-free: 1.888.354.5444

Enrolment Form

Please complete and send this form and all related documents to: I.A.M. Labour-Management Pension Fund (Canada) 116 Lisgar Street, Suite 204, Ottawa, Ontario K2P 0C2

S.I.N	
	Gender:
Name:	
Last First	Middle
Date of Birth:(yyy/mm/dd)	Marital Status:
(yyy/mm/dd)	☐ Single ☐ Married ☐ Separated
Preferred Language:	☐ Common-Law ☐ Divorced ☐ Widowed
2. Contact Information	
	Disarra Navala are
Email:	Phone Number:
Address:	
Address: Street	
City/Town Province	De Postal Code
3. Employment Information	
Name of Present Employer:	
Job Classification:	Date of Hire: dd
4. Spousal Information (Please see reverse for the de	efinition of a spouse.)
 Name:	
Name.	
Last First	Middle
Last First	
Last First	
Last First	mm dd
Gender: Male Female Date of Birth: Sender: Male Female Sender Send	mm dd
Gender: Male Female Date of Birth:	mm dd
Gender: Male Female Date of Birth:	r information on naming a beneficiary, please see reverse.)
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Gender: Male Female Date of Birth:	r information on naming a beneficiary, please see reverse.) Middle Beneficiary Type:
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Gender: Male Female Date of Birth:	r information on naming a beneficiary, please see reverse.) Middle Beneficiary Type:
Gender: Male Female Date of Birth: Seneficiary Designation (If different from above - Formula	mm dd r information on naming a beneficiary, please see reverse.) Middle Beneficiary Type: Individual Organization Postal Code
Gender: Male Female Date of Birth:	r information on naming a beneficiary, please see reverse.) Middle Beneficiary Type: Individual Organization Postal Code ation the Trustees of the I.A.M. Labour-Management Pension Fur
Gender: Male Female Date of Birth:	r information on naming a beneficiary, please see reverse.) Middle Beneficiary Type: Individual Organization Postal Code ation the Trustees of the I.A.M. Labour-Management Pension Furler my beneficiary designation at any time by giving written notice on the
Gender: Male Female Date of Birth:	r information on naming a beneficiary, please see reverse.) Middle Beneficiary Type: Individual Organization Postal Code ation the Trustees of the I.A.M. Labour-Management Pension Furler my beneficiary designation at any time by giving written notice on the

Please continue to section 7.

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.

	<u> </u>	
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.