



Marital Status Change Form

**Please complete and send this form to: I.A.M. Multi-Employer Pension Fund (Canada)
116 Lisgar Street, Suite 204, Ottawa, Ontario K2P 0C2**

Personal Information of Plan Member

S.I.N. _____

Name: _____
Last First Middle

Change in Marital Status (Please refer to the General Information below for definition of "spouse.")

I wish to register my new spouse.

Name: _____
Last First Middle

S.I.N. _____ Date of Birth: _____

I wish to remove my former spouse (this change is effective the date the Trustees receive this form.)

Name: _____
Last First Middle

Plan Member Declaration 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. Multi-Employer 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 information is protected, I can refer to the Fund's Privacy Note to Members.

Signature of Plan Member

Date

Signature of Witness (Anyone over age 18 and not a beneficiary)

Date

Name of Witness (Print)

Address of Witness – No. and Street City/Town Province Postal Code

General Information (Federal)

If you have a spouse as defined below, he or she is first in line for any survivor benefits that may be payable from the Plan after your death. If a survivor benefit is payable to your spouse after your death, no death benefit is payable to your beneficiary.

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. If you have a legally married spouse from whom you are separated and you are cohabiting 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.

If you die before retirement but after you become a Plan participant, the Plan provides a pre-retirement survivor pension to your spouse. If you do not have a spouse, a pre-retirement death benefit is payable to your beneficiary.

The Plan also provides a post-retirement survivor benefit. At the time you apply for your retirement pension, your spouse may waive his or her entitlement to the post-retirement survivor benefit by signing a spousal waiver form and filing it with the Fund Office. If the spousal waiver is filed, you will then be able to choose another form of pension payment that will not provide your spouse with a survivor benefit when you die after retirement. Your designated beneficiary would be the person who would receive the death benefit, if any are payable after your death.

If you do not have a spouse and you do not name a beneficiary, any death benefit that may be payable after your death would be paid to your estate.

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