



# UA Local 67 Pension Plan

## Enrolment/Appointment of Beneficiary Form

### Instructions

- If you have a spouse/partner (see definition below), he or she is automatically your only pension beneficiary by law unless you and your spouse have signed a spouse's waiver.
- If you have children (see definition below), but no spouse/partner, your children are automatically your pension beneficiaries.
- If you don't have a spouse/partner or children, you may name anyone you want as your beneficiary(ies). If you name more than one beneficiary, death benefits will be divided in equal shares among them unless you indicate otherwise. If you don't have a spouse/partner or children and you don't name a beneficiary, pension death benefits will be paid to your estate unless otherwise indicated in your will.
- Your back-up beneficiary (Box 5) will apply only if no beneficiary named in Box 2, 3 or 4 is alive to receive your death benefits.
- This is a three-page form. Please be sure to complete all three pages in full and have someone other than your beneficiary(ies) witness it.

Return the original to: Reliable Administrative Services Inc.  
195 Dartnall Road, Suite 102, Hamilton, Ontario. L8W 3V9  
Telephone (905) 387-5861

### 1. Member Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Union Membership Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status:  Single  Spouse  Divorced/Separated  Widowed  
Day / Month / Year  
Complete Mailing Address – Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Country (only if not Canada): \_\_\_\_\_ E-mail address (only if interested in receiving information by e-mail): \_\_\_\_\_

### 2. Spouse/Partner Details *(Your spouse is automatically your only beneficiary unless you file a spouse's waiver)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day / Month / Year

### Who Qualifies as Your Spouse Under Ontario Pension Law

If you live in Ontario

A person who is:

- married to you, or
- not married to you and has been living with you in a conjugal relationship continuously for at least three years (or in a relationship of some permanence if you are the natural or adoptive parents of a child).

**3. Children** (see definition below)

Last Name	First Name	Sex		Date of Birth <i>Day / Month / Year</i>	If over age 21			
		<i>Circle F or M</i>			Full-time Student under age 25 <i>Circle Yes or No</i>		Disabled <i>Circle Yes or No</i>	
		F	M		Yes	No	Yes	No
		F	M		Yes	No	Yes	No
		F	M		Yes	No	Yes	No
		F	M		Yes	No	Yes	No
		F	M		Yes	No	Yes	No

Address if different from yours: \_\_\_\_\_  
**Important note:** If you have eligible children and do not list them above, they may not be covered.

- A child who is dependent on your for support and
- under age 18 throughout the year of your death, or
  - under age 24 and a full-time student throughout the year of your death.

**4. Beneficiary(ies)** (Only if no spouse or you have filed a spouses' waiver and have no children. If you name more than one beneficiary, death benefits will be divided in equal shares unless you indicate otherwise.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship\*: \_\_\_\_\_  
Day / Month / Year  
 Complete Mailing Address – Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country (only if not Canada): \_\_\_\_\_ Share of benefits (only if not 100% or divided equally): \_\_\_\_\_ %

Beneficiary(ies) (cont'd)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship\*: \_\_\_\_\_  
Day / Month / Year  
 Complete Mailing Address – Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country (only if not Canada): \_\_\_\_\_ Share of benefits (only if not 100% or divided equally): \_\_\_\_\_ %

Beneficiary(ies) (cont'd)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship\*: \_\_\_\_\_  
Day / Month / Year  
 Complete Mailing Address – Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country (only if not Canada): \_\_\_\_\_ Share of benefits (only if not 100% or divided equally): \_\_\_\_\_ %

**5. Back-up Beneficiary** (Will apply only if no beneficiary named in Box 2, 3 or 4 is alive to receive your death benefits.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship\*: \_\_\_\_\_  
Day / Month / Year  
 Complete Mailing Address – Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country (only if not Canada): \_\_\_\_\_ Share of benefits (only if not 100% or divided equally): \_\_\_\_\_ %

**6. Trustee** (Only if you have children or are naming a beneficiary under age 18)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Relationship\*: \_\_\_\_\_  
 Complete Mailing Address – Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country (if not Canada): \_\_\_\_\_

**7. Consent**

I understand:

- ♦ that personal information is being collected on this form for the purpose of administering the pension plan, which includes enrolling members and appointing beneficiaries;
- ♦ that it may be necessary to disclose personal information to and collect personal information from individuals and organizations, such as, my spouse/partner and the pension plan's actuary for the identified purpose;
- ♦ that the privacy of the individuals about whom the information relates and the confidentiality of the personal information collected on this form will be protected in accordance with the relevant privacy policies and privacy law(s); and
- ♦ that I may withdraw all or part of my consent at any time, in writing, but that doing so may interfere with fulfilling the identified purpose.

*I consent to the collection, use, and disclosure of my personal information, for the identified purpose, by the pension plan's Administrator and Board of Trustees, and the individuals and organizations that are authorized to act on their behalf.*

*I am authorized to disclose, on this form, personal information about other individuals, such as, my beneficiaries, my spouse/partner, and my children over the age of 21, to be used and disclosed for the identified purpose.*

**8. Signatures**

I hereby revoke any previous appointment of beneficiary under the UA Local 67 Pension Plan and direct that, in the event of my death, any benefits payable from the UA Local 67 Pension Plan will be paid to the person(s) named above as beneficiary(ies). I understand that this appointment will remain in effect until revoked by me in writing and filed with the Administrator. If my beneficiary(ies) die(s) before I do and no other has been appointed, death benefits will be paid to my estate.

I understand that pension law requires certain pension death benefits relating to my pension earned after 1986 to be paid to my spouse/partner unless I have filed a spouse's waiver form completed and signed by my spouse/partner.

I consent to the above terms and certify that all information provided on this form is accurate and true.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
Anyone 21 or over including a family member but not a beneficiary named above Day / Month / Year

Name of Witness: \_\_\_\_\_  
Please print

Complete Mailing Address of Witness – Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country (only if not Canada): \_\_\_\_\_

