

Carpenters' Pension Fund of Saskatchewan

Registration No. 0381822

Registration /
Notice of
Change

How to complete this form:

- Use this form to register as a new member or to update your existing information.
- Complete all sections that apply to your situation. Print clearly in black or blue ink.
- Sign and date the Authorization section, then return the completed form by mail or email to the address at the end of this document.

1 Member Information

Last Name First Name Middle Name Gender (M / F)

Mailing Address

Suite No.

City

Province

Postal Code

Telephone Number

Date of Birth (MM / DD / YYYY)

Social Insurance Number

Email Address

Name Change: Please submit a copy of your marriage certificate, birth certificate, divorce order, or other supporting documentation.

2 Direct Deposit (for members receiving a monthly pension payment only)

Account Number

Bank No.

Bank Transit No.

Tip: Attach a void cheque to ensure accuracy of your banking information.

3 Marital Status

What is a "Spouse"?

Under the *Pension Benefits Act (Saskatchewan)*, a spouse means:

- (i) A person who is married to the member or former member; or
- (ii) If the member is not married, a person who has been cohabiting continuously with the member as their spouse for at least one year prior to the relevant time.

Important: If you have a surviving spouse at the time of your death before retirement, they are automatically the beneficiary of your pension benefits — regardless of any beneficiary named here or in your will — unless a FCAA Form 2.1 (Spouse's Waiver of Pre-Retirement Survivor Benefit) is filed with the Fund Office.

Please select one: Single Married Common-Law Widowed Separated Divorced

Spouse's Last Name First Name Middle Name Gender (M / F)

Spouse's Date of Birth (MM / DD / YYYY) Social Insurance Number Date of Marriage or Co-Habitation (MM/DD/YYYY)

4 Beneficiary Designation

Name the person(s) who should receive your pension benefits in the event of your death. Note: if you have a spouse, they are automatically the primary beneficiary (see Section 3).

Beneficiary Last Name First Name Middle Name Gender (M / F)

Date of Birth (MM / DD / YYYY) Social Insurance Number Relationship to Member

Trustee Appointment (required only if the beneficiary is under 18 years of age):

I hereby appoint as Trustee to receive any amount due to any beneficiary under 18 years of age, and declare that the receipt of such Trustee shall be a good discharge to the pension plan for the amount paid. Failure to include the Date of Birth and Social Insurance Number may delay benefit payments.

Trustee Name (if applicable)

Trustee Date of Birth (MM / DD / YYYY)

5 Authorization & Signature

By signing below, I authorize:

- My union, employer, legal representative, estate, beneficiary, spouse, and any financial institutions with which I conduct business to communicate all information deemed necessary to Ellement Consulting Group for the purpose of administering my fund and paying benefits.
- Ellement Consulting Group to communicate information it holds regarding me to the third parties listed above, and to use or communicate my Social Insurance Number for income tax and administrative purposes.

I certify that all information provided in this document is, to the best of my knowledge, true and complete. A photocopy or fax of this authorization is as valid as the original.

Signed this ____ day of _____, 20

Signature of Member

Privacy Notice

Your personal information is collected for the Carpenters' Pension Fund of Saskatchewan for the purpose of administering the pension plan. It may be disclosed to third parties such as our administrator, lawyers, auditors, consultants, or actuaries, but only for pension administration purposes. All information is protected under the *Personal Information Protection Act (Saskatchewan)*. By signing this form, you consent to the collection, use, and disclosure of your personal information. To obtain a copy of the fund's Privacy Policy or with any questions, contact the fund's Privacy Officer.

Please Note: This form relates to your Pension Benefit only and does not apply to your Health and Welfare Benefits. If you need to make changes to your health benefits, contact the administrator of that plan separately.

Please return this completed form (with original signature) by mail to:

Ellement Consulting Group

1050 – 11150 Jasper Ave NW, Edmonton, AB T5K 0C7

Phone: (306) 518-7654 Toll Free: 1-877-679-7654

Alternatively you can email the signed form (picture or scan) to carpenters@ellement.ca.