

Bricklayers & Allied Craftworkers Pension Fund of Alberta and Saskatchewan

CRA and Provincial Registration No. 0584888

SELECT ONE PAYMENT TYPE OPTION:

One-Time Lump Sum Payment

Non Locked In Transfer *

**If you selected Non Locked in Transfer, you must complete the Underwriter Information Section of this form on page 2 and include a completed Canada Revenue Agency T2151 form*

Please print clearly. Make sure you **SIGN** and **DATE** the application. Mail the original completed application and supporting documents to the address indicated at the end of this form.

Member Information

Last Name:	First Name	Middle Name	Sex (M/F)
Address (mailing)			Suite No.
City	Province	Postal Code	Telephone Number
Local Union No.	Social Insurance Number	Date of Birth	

PROOF OF AGE: You must provide a copy of your proof of age. Examples of acceptable proof of age documents are: Birth Certificate, Passport, Citizenship Certificate, or valid Canadian driver's licence. If you cannot provide a copy of one of these documents, please contact our office.

Direct Deposit Information – COMPLETE FOR LUMP SUM PAYMENT OPTION ONLY

Name of Institution (please attach a void cheque)

Account No.	Bank No.	Bank Transit No.

Beneficiary Information

If you pass away before your application is finalized and you do not name a beneficiary, all pension benefits payable upon your death will be paid to your estate.

I hereby revoke any previous designation of beneficiary and I hereby designate the following named beneficiary(ies) to receive the amount of pension benefits, if any, payable at my death, under the Rules and Regulations of the fund. I reserve the right to revoke and change this designation at any time by giving written notice to the fund.

Last Name:	First Name	Middle Name	Sex (M/F)
Address (mailing)			Suite No.
City	Province	Postal Code	Telephone Number
Date of Birth		Relationship	

Underwriter Information – TO BE COMPLETED ONLY FOR NON-LOCKED IN TRANSFER PAYMENT OPTION

Non-Locked-In Account Number (i.e. Registered Retirement Savings Plan Number)

Name of Financial Institution

Address (mailing)

City

Province

Postal Code

Telephone Number

Signature of Authorized Representative of Institution

Name of Representative (please print)

Signature of Representative

Date

Please submit a [Canada Revenue Agency T2151](#) form (Direct Transfer of a Single Amount Under Subsection 147(19) or Section 147.3) with Area I, only, completed.

Applicant's Declaration – MUST BE COMPLETED REGARDLESS OF APPLICATION TYPE

I hereby apply for a pension benefit from the Bricklayers & Allied Craftworkers Pension Fund of Alberta and Saskatchewan. The statements made in this application are true to the best of my knowledge and belief. I understand a false, misleading or inaccurate statement shall be sufficient reason for the denial, suspension or discontinuance of benefits under the pension plan and the Trustees shall have the right to recover any payments made to me because of a false, misleading or inaccurate statement.

Signature of Applicant

Date

Signature of Witness

Name of Witness (please print)

You will be notified in writing of the decision made by the Board of Trustees regarding your application or if any additional information is required.

Please return this form, with your original signature by mail to:

Ellement Consulting Group
1050 11150 Jasper Ave NW
Edmonton AB T5K 0C7

Phone: (587) 415-0611 Toll Free: 1-888-530-0611