

Bricklayers & Allied Craftworkers Pension Fund of AB & SK

CRA Registration No. 0584888

Monthly Pension Application

This application should be submitted at least one month in advance of the date your pension is to begin, but no earlier than 90 days from the beginning of the month in which you wish to retire. Please print and be sure to **SIGN** and **DATE** the application. Mail the completed application and all supporting documents to the address indicated at the end of this form.

Member Information

Name (Last)	(First)	(Middle)	Sex		
			M	F	
Address (mailing)			Suite No.		
City	Province	Postal Code	Telephone Number		
Local Union No		Social Insurance Number			
Date you retired or plan to retire:	Month	Year	Date you last worked or will work for the union:	Month	Year

Marital Information

Please circle one option only.

Married Common-law Separated Divorced Widowed Single

Name of Pension Partner (if applicable)

Name (Last)	(First)	(Middle)	Sex	
			M	F
You must provide a copy of your marriage certificate. If you are unable to provide a copy of your marriage certificate, you must complete a declaration of marital status. If you are not married or if you are living in a common-law relationship, you must complete a declaration of marital status.			Social Insurance Number	

Dates of Birth

Member's Date of Birth	Month	Day	Year	Pension Partner's	Month	Day	Year
				Date of Birth (if applicable)			

You must provide a copy of your and your pension partner's (if applicable) proof of age. Examples of proof documents required are: Driver's Licence, Birth Certificate, Passport, Citizenship Certificate, and Immigration Papers. If you cannot provide any of the above, please complete a declaration of proof of age.

Direct Deposit Information

Name of Institution (please attach a void cheque)							
Account No.	Bank No.			Bank Transit No.			

COMPLETE REVERSE SIDE AS WELL

Designation of Beneficiary

Please complete this section ONLY if you are single or if your pension partner has signed a post-retirement pension partner waiver form. If 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.

Primary Beneficiary

Name (Last)	(First)	(Middle)	Sex	
			M	F

Address (mailing)

City	Province	Postal Code	Relationship

Secondary Beneficiary (in the event of the death of the Primary Beneficiary)

Name (Last)	(First)	(Middle)	Sex	
			M	F

Address (Street)

City	Province	Postal Code	Relationship

Member Declaration

I hereby apply for a monthly pension 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 Board of Trustees shall have the right to recover any payments made to me because of a false, misleading or inaccurate statement.

Signature of Member_____
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