

**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 Date of Birth (if applicable)	Month	Day	Year

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