

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.

Applicant Information

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

Address (mailing)	Suite No.

City	Province	Postal Code	Telephone Number

Local Union No	Social Insurance Number		
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Date you retired or plan to retire:	Month	Year	Date you last worked or will work for the union:	Month	Year

Please note your pension is effective the first of the month after your completed application is received unless you select a later start date.

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: Birth Certificate, Passport, Citizenship Certificate, Immigration Papers, Driver's License, or Nexus Card. If you cannot provide any of the above, please complete a declaration of proof of age.

Applicant Declaration

I hereby apply for a monthly pension from the Laborers Pension Fund of Western Canada. 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 or Pension Partner

Name of Witness or Pension Partner (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.

Direct Deposit Information

Name of Institution (please attach a void cheque)

Account No.

Bank No.

Bank Transit No.

Beneficiary Information

You may complete this section if you do not have a pension partner, or if your pension partner has signed a 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.

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

Address (mailing)

City	Province	Postal Code

Date of Birth (Month Day Year)	Relationship

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

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

Phone: 780-453-2303 Toll Free: 800-661-7369 Email: laborers@ellement.ca



IN THE MATTER OF AN APPLICATION BEING MADE TO THE
LABORERS' PENSION FUND OF WESTERN CANADA

I, _____ of the city of _____, in the
province of _____, DO SOLEMNLY DECLARE THAT:

1. In connection with an application that I have made to the Laborers Pension Fund of Western Canada, which was signed by me on the _____ day of _____, 20____, I have represented to the plan that:
 - I do not have a "Pension Partner"; or
 - I have a "Pension Partner" named _____, and our relationship commenced on the _____ day of _____, _____, and has continued to the present time.
2. I understand that the definition of a "Pension Partner" as defined by the *Pension Benefits Act*, in the province of Saskatchewan "pension partner" (i.e. spouse or common-law partner) means, in relation to another person means:
 - a) a person who is married to a member or former member; or
 - b) if a member or former member is not married, a person with whom the member or former member is cohabiting as spouses at the relevant time and who has been cohabiting continuously with the member or former member as his or her spouse for at least one year prior to the relevant time.

AND I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME in the _____)
of _____, in the Province _____)
of _____, this _____ day _____)
of _____, 20 _____)
A COMMISSIONER FOR OATHS in and _____)
for the Province of _____)

Name of Commissioner (Please Print)

Expiry Date of Commissioner

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

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1050-11150 Jasper Ave NW
Edmonton AB T5K 0C7

Phone: 780-453-2303 Toll Free: 800-661-7369 Email: laborers@ellement.ca

Authorized Documents for Proof of Age (May 2023)

Listed in order of preference, these are the only acceptable forms of proof of age. Original documents are not required.

1. Birth Certificate
2. Passport
3. Valid Canadian Driver's License
4. Citizen Certificate
5. Immigration Papers
6. Baptismal Certificate
7. Native / Metis Status Card
8. NEXUS Card
9. Marriage Certificate indicating your date of birth
10. Military Identification / Documentation indicating your date of birth
11. Canada Pension Plan documentation indicating your date of birth
12. Firearms License
13. Permanent Resident Card

NOTE: If you cannot provide a photocopy of any of the above documentation, please contact our office for alternative suggestions and request a Statutory Declaration.