

## 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			
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	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: 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.**

PLEASE COMPLETE REVERSE

Direct Deposit Information									
Name of Institution (please attach a void cheque)									
Account No.					Bank No.		Bank Transit No.		
Beneficiary Information									
<p><b>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.</b></p>									
<p>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.</p>									
Name (Last)		(First)			(Middle)			Sex	
								M	F
Address (mailing)									
City				Province		Postal Code			
Date of Birth    (Month    Day    Year)				Relationship					
<p>Please return this form, with your original signature, to:</p> <p>Ellement Consulting Group 1050-11150 Jasper Ave NW Edmonton AB T5K 0C7</p> <p>Phone: 780-453-2303   Toll Free: 800-661-7369   Email: laborers@ellement.ca</p>									

## Declaration RE Marital Status

### 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 who 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 \_\_\_\_\_ )

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Name of Commissioner (Please Print)

\_\_\_\_\_  
Expiry Date of Commissioner

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@element.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.