

# Alberta Ironworkers Pension Fund

CRA Registration No. 0555656 AB Registration No. 41970

# 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

Marital Information	
Please circle one option only.	
<input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> 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)	
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, 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**

**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

**Applicant Declaration**

I hereby apply for a monthly pension from the Alberta Ironworkers Pension Fund. The above statements 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  
10154 108 St NW  
Edmonton AB T5J 1L3

Phone: (780) 452-5161 Toll Free: 1-800-770-2998

**Alberta Ironworkers Pension Fund**

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**Declaration RE Marital Status**

IN THE MATTER OF AN APPLICATION BEING MADE TO THE  
ALBERTA IRONWORKERS PENSION FUND

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 Alberta Ironworkers Pension Fund, 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 Alberta Employment Pension Plans Act for an  
Alberta Participant, Former Participant or Pensioner means:

a) a person who, at the relevant time, was married to that other person and had not been living separate and apart  
from that other person for more than three consecutive years;

or, if clause a) above does not apply,

b) a person who, immediately preceding the relevant time, had lived with that other person in a marriage-like  
relationship for a continuous period of at least three years, or of some permanence, if there is a child of the  
relationship by birth or adoption.

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 by mail to: Ellement  
10154 108 St NW  
Edmonton AB T5J 1L3  
Phone: (780) 452-5161 Toll Free: 1-800-770-2998

# Authorized Documents for Proof of Age

Listed in order of preference, these are the only acceptable forms of proof of age. Original documents are not required. You need to provide a copy of ONE of the following:

1. Birth Certificate
2. Passport
3. Valid Canadian Driver's Licence
4. Citizen Certificate
5. Immigration Papers
6. Baptismal Certificate
7. Certificate of Indian Status Card (must be issued by Indian and Northern Affairs Canada)
8. Firearms Licence
9. NEXUS Card
11. Military Identification / Documentation indicating your date of birth
12. Canada Pension Plan documentation indicating your date of birth

NOTE: If you cannot provide a copy of any of the above, please call 1-800-770-2998.