

# ALBERTA IRONWORKERS PENSION FUND

CRA and Provincial Registration No. 0555656

## SAVINGS ACCOUNT - SELECT ONE PAYMENT TYPE OPTION:

One-Time Lump Sum Payment

Non Locked In Transfer \*

*\*If you selected Non Locked in Transfer, you must complete the Underwriter Information Section of this form on page 2 and include a completed Canada Revenue Agency T2151 form*

Please print clearly. Make sure you **SIGN** and **DATE** the application. Return the completed application and supporting documents as indicated at the end of this form.

### Member Information

Last Name:	First Name	Middle Name	Sex (M/F)
Address (mailing)			Suite No.
City	Province	Postal Code	Telephone Number
Local Union No.	Social Insurance Number	Date of Birth	

### Direct Deposit Information – COMPLETE FOR LUMP SUM PAYMENT OPTION ONLY, CIRCLE ONE

Use Account Information on File:	Yes	No (provide account details below)	No Issue by Cheque
Name of Institution (please attach a void cheque)			
Account No.	Bank No.		Bank Transit No.

### Beneficiary Information

**If you pass away before your application is finalized and 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.

Last Name:	First Name	Middle Name	Sex (M/F)
Address (mailing)			Suite No.
City	Province	Postal Code	Telephone Number
Date of Birth	Relationship		

PLEASE COMPLETE REVERSE

**Underwriter Information – TO BE COMPLETED ONLY FOR NON-LOCKED IN TRANSFER PAYMENT OPTION**

Non-Locked-In Account Number (i.e. Registered Retirement Savings Plan Number)

Name of Financial Institution

Address (mailing)

City

Province

Postal Code

Telephone Number

Signature of Authorized Representative of Institution

\_\_\_\_\_  
Name of Representative (please print)\_\_\_\_\_  
Signature of Representative\_\_\_\_\_  
Date

Please submit a [Canada Revenue Agency T2151](#) form (Direct Transfer of a Single Amount Under Subsection 147(19) or Section 147.3) with Area I, only, completed.

**Applicant's Declaration – MUST BE COMPLETED REGARDLESS OF APPLICATION TYPE**

I hereby apply for a withdrawal of the Balance of my Savings Account with the Alberta Ironworkers Pension Fund. 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 Trustees shall have the right to recover any payments made to me because of a false, misleading or inaccurate statement.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Witness\_\_\_\_\_  
Name of Witness (please print)**You will be notified in writing of the payment details or if any additional information is required.**

Please return this form, with your original signature and any required supporting documentation to:

Ellement Consulting Group  
10154 108 Street NW  
Edmonton AB T5J 1L3

abironworkers@element.ca

Phone: (587) 405-3196 Toll Free: 1-888-616-3196