

**FUND****FORM****NUMBER**

The Saskatchewan Piping Industry Pension Plan, Local 179  
 Saskatchewan Pension Commission Registration No. 50-730

## APPLICATION FOR RETIREMENT BENEFIT

**6802****Please print clearly in ink**

Pension payments are usually effective on the first day of the month following your last date of employment. Normally, benefits will be paid during your lifetime. However, you may also choose an optional form of payment as outlined on the Retirement Benefit Election form.

**Member Information**

|                                       |                                       |                                |                            |
|---------------------------------------|---------------------------------------|--------------------------------|----------------------------|
| Family Name                           | First Name                            | Initial                        | Social Insurance Number    |
| Street Address                        |                                       |                                | Date of Birth (dd/mm/yyyy) |
| City/Town                             | Province                              |                                | Postal Code                |
| Home Phone Number (include area code) | Work Phone Number (include area code) | Fax Number (include area code) |                            |

**Sex**
 Male     Female
**Marital Status**
 Single     Divorced     Married     Common Law
**IMPORTANT**

1. If you were married before, please attach a copy of the Court Order or Domestic Agreement     Yes     No
2. If the above section is not applicable, please enter X in the following box     No

**Spouse Information**

|             |            |         |                            |
|-------------|------------|---------|----------------------------|
| Family Name | First Name | Initial | Social Insurance Number    |
|             |            |         | Date of Birth (dd/mm/yyyy) |

**Union Information**

|                              |                                  |                                     |
|------------------------------|----------------------------------|-------------------------------------|
| Initiation Date (dd/mm/yyyy) | Re-instatement Date (dd/mm/yyyy) | Union Termination Date (dd/mm/yyyy) |
|------------------------------|----------------------------------|-------------------------------------|

**Employer Information**

|               |                                      |
|---------------|--------------------------------------|
| Last Employer | Last Date of Employment (dd/mm/yyyy) |
|---------------|--------------------------------------|

**Member Signature**

|  |                   |
|--|-------------------|
|  | Date (dd/mm/yyyy) |
|--|-------------------|

**UNION CERTIFICATION**

The undersigned certifies the above person to be a member of the Saskatchewan Piping Industry Pension Plan, Local 179 and that the initiation/reinstatement date shown above is correct.

|                              |       |                       |                              |                             |
|------------------------------|-------|-----------------------|------------------------------|-----------------------------|
| Name of Union Representative | Title | Applicant is a Member | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-------|-----------------------|------------------------------|-----------------------------|

**Union Representative's Signature**

|  |                   |
|--|-------------------|
|  | Date (dd/mm/yyyy) |
|--|-------------------|

**INSTRUCTIONS**

|  |  |
|--|--|
| <b>Attach copies of the following Documentation:</b>   | <b>From previous marriage:</b>                             |
| <input type="checkbox"/> Member's Birth Certificate <input type="checkbox"/> Union Membership Card (both sides) <input type="checkbox"/> Marriage Certificate<br><input type="checkbox"/> Spouse's Birth Certificate <input type="checkbox"/> Spouse's Social Insurance Card | <input type="checkbox"/> Court Order or Domestic Agreement |

**MAIL COMPLETED APPLICATION (WITH REQUIRED DOCUMENTATION) TO:**

Agent/Administrator: **Global Benefit Plan Consultants Inc.**  
 545 Wilson Avenue, Toronto, ON M3H 1V2

416-635-6000 Phone  
 416-635-6464 Fax

**SASKATCHEWAN PIPING INDUSTRY PENSION PLAN**  
**SASKATCHEWAN PENSION COMMISSION – REGISTRATION NUMBER 50-730**

**DECLARATION OF MARITAL STATUS**

**SECTION 1**

A. I, \_\_\_\_\_, hereby certify for the purposes of the Saskatchewan Piping Industry Pension Plan, as of the date of my retirement under the Plan.

I do have a spouse  I do not have a spouse.

“Spouse” means a person of the opposite sex who:

- (i) is legally married, if the Member is not living separate and apart from that person;
- (ii) is not legally married but the Member and that person are cohabiting continuously in a conjugal relationship for at least 1 year; or
- (iii) is not legally married but the Member and that person are cohabiting in a conjugal relationship of some permanence and are jointly the natural or adoptive parents of a child, both as defined in the Family Law Act, 1986 of Ontario.

except that if the above definition differs from the definition of Spouse in other applicable Pension Legislation, such other definition will take precedence.

B. My spouse's name is: \_\_\_\_\_

C. My spouse's date of birth is: \_\_\_\_\_ Date of Marriage/Co-habitation: \_\_\_\_\_

**SECTION 2**

A. I, \_\_\_\_\_, hereby certify for the purposes of the Saskatchewan Piping Industry Pension Plan

I do have a former spouse. Date of Separation/Divorce: \_\_\_\_\_

I do not have a former spouse.

Is there a Court Order or Domestic Agreement affecting your pension?

Please ensure that you put X in correct box.  YES  NO

If yes, please send a copy of the document.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Date Both Member & Witness Sign

\_\_\_\_\_  
Witness Name, Address & Telephone No. (including area code)

Please note that you may be committing a crime, if you have a Court Order or Domestic Agreement affecting your pension and you do not notify us of it.

AGENT/ADMINISTRATOR  
GLOBAL BENEFITS  
545 WILSON AVENUE  
TORONTO, ONTARIO, M3H1V2  
TEL: (416)635-6000 FAX: (416)635-6464

**Saskatchewan Piping Industry Health & Welfare Trust Fund**

**DEDUCTION AUTHORIZATION**

**for Optional Health and Welfare Benefits**

*MbrName & Address*

I, \_\_\_\_\_, am a member in good standing with UA Local 179 and hereby authorize the Administrator of Saskatchewan Piping Industry Pension Trust to deduct from my monthly pension benefit payment the amount of **\$80.00** for Health & Welfare coverage and to remit the amount deducted monthly to the Saskatchewan Piping Industry Health & Welfare Trust.

\_\_\_\_\_  
*Signature of Member*

\_\_\_\_\_  
*Date*

**Certification by Authorized Union Official**

This is to certify that the above-named person is a member in good standing of UA Local 179.

\_\_\_\_\_  
*Signature of Union Official*

\_\_\_\_\_  
*Please print name of Union Official*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**SASKATCHEWAN PIPING INDUSTRY PENSION TRUST FUND**

Dear Trustees:

**AUTHORIZATION FOR UNION DUES DEDUCTION**

I \_\_\_\_\_, the undersigned hereby AUTHORIZE  
(Please Print Clearly)  
the Administrator of Saskatchewan Piping Industry Pension Trust to deduct from my monthly pension benefit payment the amount of \$..... monthly membership dues and to remit amounts deducted, monthly, to the Financial Secretary of Local Union 179 no later than three (3) weeks from the date of the deduction.

I further authorize the Local Union to advise the Administrator of Saskatchewan Piping Industry Pension Trust from time to time of changes to the amount of monthly union dues deducted.

\_\_\_\_\_  
Signature of Authorized  
Local Union Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

**CERTIFICATION BY AUTHORIZED OFFICAL OF UNION**

This is to certify that the above-named person is a member of Local Union 179 of the United Association of Plumbers and Pipefitters. This member has signed and deposited with our office this Declaration of Retirement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title

c.c.

Local Union Records  
Retired Member

**THE SASKATCHEWAN PIPING INDUSTRY  
PENSION PLAN**

**VOLUNTARY REQUEST FOR PENSION BENEFIT PAYMENT  
BY DIRECT DEPOSIT (EFT)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Bank or Financial Institution: \_\_\_\_\_

|               |                 |                |
|---------------|-----------------|----------------|
| Branch Number | Transfer Number | Account Number |
| _____         | _____           | _____          |

PLEASE ATTACH A SAMPLE PERSONALIZED CHEQUE OR DEPOSIT SLIP WITH "VOID" WRITTEN ACROSS THE FACE OF IT.

\_\_\_\_\_

THE TRUSTEES OF THE SASKATCHEWAN PIPING INDUSTRY PENSION PLAN ARE HEREBY AUTHORIZED AND REQUESTED TO CREDIT PAYMENTS DUE ME FROM THE PLAN DIRECTLY TO MY ACCOUNT BY ELECTRONIC FUNDS TRANSFER, IN STRICT ACCORDANCE WITH THE ABOVE INSTRUCTIONS.

\_\_\_\_\_

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**NOTE: PLEASE PRINT ALL REQUESTED INFORMATION**