

IRONWORKERS PENSION PLAN, LOCAL 97

APPLICATION FOR DISABILITY PENSION BENEFITS

Name: _____

Social Insurance Number: _____

Address: _____

Postal Code: _____ Telephone: _____

Date of Birth (ATTACH PROOF*): _____

Date of Disability (ATTACH PROOF**): _____

Name of Last Contributing Employer: _____

Last Day worked for Contributing Employer: _____

Spouse's Full Name: _____

Spouse's Social Insurance Number: _____

Spouse's Date of Birth (ATTACH PROOF*) _____

Beneficiary (If other than Spouse) _____ Relationship: _____

Beneficiary Address: _____

----- Benefit Option [based on "spousal" situation only] -----

SINGLE* : _____

Life, Guaranteed 5 Years

MARRIED* : _____

Joint & Last Survivor 50%, Guaranteed 5 Years.

* PLEASE SEE REVERSE SIDE OF THIS FORM FOR DESCRIPTIONS OF THESE BENEFIT OPTIONS

Dated

Member's Signature

* A copy of your birth certificate and your spouse's birth certificate must be submitted with this application. [NOTE - We will also accept baptismal papers, passports or immigration papers.]

** You must supply BOTH [1] proof that you are in receipt of the Canada Pension Plan Disability Pension AND [2] a letter regarding your condition from your G.P. &/or your specialist.

BENEFIT OPTIONS

- **SINGLE [Life, Guaranteed 5 Years]**

This benefit is payable for your lifetime only and ceases on your date of death; with the stipulation, however, that a minimum of 60 monthly payments will be paid.

- **MARRIED [Joint & Last Survivor continuing at 50% on Member's Death; Guaranteed 5 Years.**

This benefit is payable both for your lifetime and for the lifetime of your spouse [at 50% of your pension amount]; with the stipulation that a minimum of 60 monthly payments will be paid - should BOTH you AND your spouse die before the end of 5 years after the commencement of the pension.

Example: If your monthly pension payment was \$ 1,000.00, and you die after 17 months, your spouse would then receive a monthly pension of \$500 for her lifetime.

If however she then dies after a further 22 months of her own payments [of the monthly benefit of \$500], her beneficiary would receive the balance of the payments of \$500 per month for the remaining 21 months of the 60-month guarantee period.

TO BE COMPLETED BY THE UNION:

Number of Years of Continuous Membership in Local 97 _____

Dated _____

Authorized Union Officer