

# IRONWORKERS PENSION PLAN, LOCAL 97

JOINTLY ADMINISTERED BY TRUSTEES FOR:  
 INTERNATIONAL ASSOCIATION OF BRIDGE,  
 STRUCTURAL AND ORNAMENTAL AND  
 REINFORCING IRONWORKERS, LOCAL 97  
 AMALGAMATED CONSTRUCTION ASSOCIATION  
 STEEL ERECTORS ASSOCIATION

## APPLICATION FOR PENSION BENEFITS

#101 - 4190 Lougheed Highway  
 Burnaby, B.C. V5C 6A8  
 Telephone: 299-7482  
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<b>NAME</b>			<b>SOCIAL INSURANCE NUMBER</b>		
<b>STREET ADDRESS</b>		<b>SUITE No.</b>	<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
<b>TELEPHONE</b> (      )		<b>DATE OF BIRTH (YR/MO/DAY) (*ATTACH PROOF)</b>		<b>DATE OF RETIREMENT (YR/MO/DAY)</b>	
<b>NAME OF LAST CONTRIBUTING EMPLOYER</b>				<b>LAST DAY WORKED FOR CONTRIBUTING EMPLOYER</b>	
<b>FULL NAME OF SPOUSE</b>		<b>SPOUSE'S SOCIAL INSURANCE NUMBER</b>		<b>SPOUSE'S DATE OF BIRTH (*ATTACH PROOF)</b>	
<b>BENEFICIARY (IF OTHER THAN SPOUSE)</b>				<b>RELATIONSHIP</b>	
<b>BENEFICIARY ADDRESS</b>		<b>SUITE No.</b>	<b>CITY</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>

**\*A COPY OF YOUR BIRTH CERTIFICATE, MARRIAGE CERTIFICATE AND YOUR SPOUSE'S BIRTH CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION. (BAPTISMAL PAPERS, PASSPORTS OR IMMIGRATION PAPERS MAY ALSO BE USED TO SERVE AS PROOF OF BIRTH DATE.)**

<b>TYPE OF RETIREMENT</b>	
<input type="checkbox"/> <b>NORMAL</b>	<input type="checkbox"/> <b>EARLY</b> <input type="checkbox"/> <b>POSTPONED (OVER AGE 65)</b> <input type="checkbox"/> <b>DISABILITY (**ATTACH PROOF)</b>
<b>BENEFIT OPTION                      (THE MINIMUM REQUIREMENT FOR MARRIED MEMBERS IS A JOINT &amp; LAST SURVIVOR 60%)</b>	
<b>NOTE: FOLLOWING YOUR RETIREMENT, IF YOU SURVIVE THE DEATH OF YOUR SPOUSE AND THEN REMARRY, YOU MAY WISH TO HAVE YOUR PENSION ADJUSTED TO PROVIDE COVERAGE FOR YOUR NEW SPOUSE. YOU MUST APPLY TO THE ADMINISTRATOR AT THAT POINT IN TIME.</b>	
<input type="checkbox"/> <b>LIFE ONLY</b>	<input type="checkbox"/> <b>JOINT &amp; LAST SURVIVOR 50%</b>
<input type="checkbox"/> <b>LIFE, GUARANTEED 5 YEARS</b>	<input type="checkbox"/> <b>JOINT &amp; LAST SURVIVOR 60%</b>
<input type="checkbox"/> <b>LIFE, GUARANTEED 10 YEARS</b>	<input type="checkbox"/> <b>JOINT &amp; LAST SURVIVOR 75%</b>
<input type="checkbox"/> <b>LIFE, GUARANTEED 15 YEARS</b>	<input type="checkbox"/> <b>JOINT &amp; LAST SURVIVOR 100%</b>
<b>SELECT ONE ONLY</b>	
<input type="checkbox"/> <b>OAS BRIDGE</b>	<input type="checkbox"/> <b>CPP BRIDGE</b> <input type="checkbox"/> <b>NO BRIDGE</b>
<b>PLEASE SEE REVERSE SIDE OF THIS FORM FOR DESCRIPTIONS OF THESE BENEFIT OPTIONS</b>	

**\*\*IF YOU ARE APPLYING FOR A DISABILITY PENSION, YOU MUST SUPPLY PROOF THAT YOU ARE IN RECEIPT OF THE CANADA PENSION PLAN DISABILITY PENSION.**

\_\_\_\_\_ **DATED**

\_\_\_\_\_ **MEMBER'S SIGNATURE**



## BENEFIT OPTIONS

### LIFE ONLY

THIS BENEFIT IS PAYABLE FOR *YOUR* LIFETIME ONLY AND CEASES ON YOUR DATE OF DEATH.

### LIFE, GUARANTEED 5, 10, OR 15 YEARS

THIS BENEFIT IS PAYABLE FOR YOUR LIFETIME. HOWEVER, IF YOU SHOULD DIE PRIOR TO THE EXPIRATION OF THE GUARANTEE PERIOD, YOUR BENEFICIARY WILL CONTINUE TO RECEIVE THE SAME AMOUNT OF MONTHLY PENSION THAT YOU HAD BEEN RECEIVING, UNTIL THE GUARANTEE EXPIRES.

*EXAMPLE: YOUR OPTION – LIFE, GUARANTEED 10 YEARS*

*IF YOU DIED AFTER RECEIVING 6 YEARS OF MONTHLY PENSION PAYMENTS OF \$1,000 PER MONTH, YOUR BENEFICIARY WOULD CONTINUE TO RECEIVE A MONTHLY PENSION OF \$1,000 FOR THE REMAINING 4 YEARS. THE GUARANTEE PERIOD WOULD THEN HAVE EXPIRED AND NO FURTHER BENEFITS WOULD BE PAYABLE.*

### JOINT & LAST SURVIVOR CONTINUING AT 50%, 60%, 75%, OR 100% ON MEMBER'S DEATH

THIS BENEFIT IS PAYABLE FOR YOUR LIFETIME. UPON YOUR DEATH, YOUR MONTHLY PENSION WILL CONTINUE TO BE PAID TO YOUR SPOUSE AT THE LEVEL YOU HAD ELECTED, AND WILL CONTINUE BEING PAID TO YOUR SPOUSE FOR THEIR LIFETIME.

*EXAMPLE: YOUR OPTION – JOINT & LAST SURVIVOR CONTINUING AT 60%*

*IF YOUR MONTHLY PENSION PAYMENT WAS \$1,000, ON YOUR DATE OF DEATH, \$600 (60% OF \$1,000) WILL CONTINUE TO BE PAID TO YOUR SPOUSE FOR THEIR LIFETIME. THERE ARE NO FURTHER BENEFITS PAYABLE UPON YOUR SPOUSE'S DEATH.*

OAS & CPP BRIDGES – SEE ATTACHED SHEET FOR AN EXPLANATION OF BRIDGE OPTIONS

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**NOTE: IF YOU ARE A MARRIED MEMBER AND CHOOSE ONE OF THE FOLLOWING OPTIONS:**

**LIFE ONLY**

OR

**LIFE, GUARANTEED 5, 10 OR 15 YEARS**

OR

**JOINT & LAST SURVIVOR CONTINUING AT 50%**

**THEN A SPOUSAL WAIVER AND CERTIFICATE OF INDEPENDENT LEGAL ADVICE FORM MUST BE COMPLETED ALONG WITH THIS PENSION APPLICATION.**

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ **NUMBER OF YEARS OF MEMBERSHIP IN LOCAL 97**

\_\_\_\_\_ **NUMBER OF HOURS CREDITED UNDER THE PENSION PLAN**

\_\_\_\_\_ **HEALTH & WELFARE SELF PAY RATE**

\_\_\_\_\_ **DATED**

\_\_\_\_\_ **AUTHORIZED UNION OFFICER**