

IRONWORKERS PENSION PLAN, LOCAL 97

MEMBER RECORD CARD

PLEASE PRINT CLEARLY

Name _____ Tel. No. () _____ S.I.N. _____
SURNAME FIRST NAMES

Address _____ City _____ Postal Code _____

Date of Membership in Union _____ Birth Date _____
MONTH DAY YEAR MONTH DAY YEAR

BENEFICIARY DESIGNATION:

If you are married, or have a Common-Law Spouse, you MUST name her/him as your beneficiary

Name of Spouse	Spouse S.I.N.#	Spouse's Birth Date (month/day/year)
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If you do NOT have a Spouse or Common-Law Spouse, your beneficiary is:

Name of Beneficiary	Beneficiary's S.I.N.#	Relationship
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Beneficiary's Address:	Phone ()
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To protect your privacy: In order to verify your identity when you call the Administrator, please provide a personal fact or question along with the answer that only you would be able to answer. (i.e., your mother's maiden name, place of birth, etc.)

Question: _____ Answer: _____

I understand that D.A. Townley & Associates Ltd. collects personal information to assess eligibility for benefits; to determine and adjudicate benefits; to determine the cost and financially manage these benefits as well as to meet regulatory or contractual requirements and any Trust obligations relating to such benefits and related services provided.

Member's Signature _____ Date _____ **SEE INSTRUCTIONS OVER** ➔

Administrator:

D.A. TOWNLEY
& ASSOCIATES LTD.

1. Fill in all information.
2. Enter all dates as month, day, year.
3. Enter name of beneficiary only if you do **not** have a Spouse. **If you do have a Spouse, you must nominate her/him as your beneficiary.**

"Spouse" shall mean, in relation to another person:
 - a) a person who, at the relevant time, was married to that other person and not living separate and apart from that other person for the two (2) year period immediately preceding the relevant time, or
 - b) if (a) does not apply
 - (i) a person who, at the relevant time, lived with that other person as husband and wife for the two (2) year period immediately preceding the relevant time, or
 - (ii) a person of the same gender who, at the relevant time, lived in a marriage-like relationship with that other person for the two (2) year period immediately preceding the relevant time.
4. For any future changes, please request a new member record card to be completed.
5. Please forward completed card to:

IRONWORKERS PENSION PLAN, LOCAL 97
101 - 4190 Lougheed Hwy., Burnaby, B.C. V5C 6A8
Telephone (604) 299-7482 Facsimile (604) 299-8136
Toll-Free 1-800-663-1356
www.ironbenefits.org