

Ironworkers Pension Plan, Local 97

Provincial Registration # P085460
Statement of Claimant

Name of Deceased: _____

Name of Beneficiary: _____

Beneficiary's Social Insurance Number: _____ Telephone # _____

Beneficiary's Address: _____ Postal Code: _____

Beneficiary's Birth Date: _____ Member's Date of Death: _____

Please attach a copy of your Birth Certificate and a copy of the original Death Certificate

Please choose one of the following options:

Option (a)

____ Locked in RRSP (Royal Trust Form must be completed)

Option (b)

____ Full Benefit to another Registered Pension Plan, if the other plan accepts the transfer
(Royal Trust Form must be completed)

Option (c)

____ Life Income Fund (Royal Trust Form must be completed)

Option (d)

____ A monthly Pension on the effective date _____

Date

Witness Name (please print)

Beneficiary's Signature

Witness's Signature