



Ironworkers Ontario Pension Plan

Application for Post-retirement Death Benefit (Guarantee/Refund)

Instructions

This form must be completed by the deceased member's named beneficiary who is entitled to a final benefit from the Ironworkers pension plan, or on behalf of the estate. This is a two-sided form. Please complete both sides, sign and date this form and return it with additional documents indicated below. Please check one:

- ☐ I am the surviving spouse. Attached is a **certified** copy of the deceased member's death certificate.
- ☐ I am the named beneficiary. Attached are a **certified** copy of the deceased member's death certificate and certification of the deceased member's marital status.
- ☐ I am applying on behalf of the estate. Attached are a **certified** copy of the deceased member's death certificate and certification of the deceased member's marital status. I understand no payment will be made until the "Certificate of Appointment of Estate Trustee" is provided.

Return to:

Ontario Ironworkers/Rodmen Benefit Plan
Administrators Corporation
111 Sheppard Avenue East
North York, Ontario M2N 6S2

Telephone 416-223-0383 or 1-800-387-8075

1. Deceased Member

Last Name: _____ First Name: _____
Middle Name: _____ ☐ S.I.N. or ☐ Member Certificate Number: _____
Date of Birth: _____ Member worked as an Ironworker during the month of death: Yes ☐ No ☐
Day / Month / Year

2. Applicant

Last Name: _____ First Name: _____
Middle Name: _____ Social Insurance Number: _____
Date of Birth: _____ Relationship: _____
Day / Month / Year
Complete Mailing Address – Street: _____ Phone #: _____
City/Town: _____ Province: _____ Postal Code: _____
Country: _____ Share of benefits (only if not 100%): _____ %

3. Trustee (As named by member on the Appointment of Beneficiary Form or in member's will. Applies only if applicant is under age 18. Death benefit held by plan to age 18 if no trustee is named.)

Last Name: _____ First Name: _____
Middle Name: _____ Relationship to Member: _____
Complete Mailing Address – Street: _____ Phone #: _____
City/Town: _____ Province: _____ Postal Code: _____
Country: _____

5.**Payment Option** (check the appropriate box and place your initials beside your selection)

I wish to receive final guaranteed payments as follows:

Initials

- (a) ☐ _____ In monthly installments for the remaining guarantee period (*this option is not available to the estate*); or
- (b) ☐ _____ As a one-time payment taken in cash (*payment to the estate will be made once the "Certificate of Appointment of Estate Trustee" is provided*).

If total payments from the plan are less than contributions plus interest, the difference will be paid as a one-time cash payment.

If you are the spouse of the deceased, please complete the following section if you would prefer to transfer some or all of your payment under 1(b) to another tax-sheltered plan.

I am the spouse of the deceased member and wish to:

Initials

- (a) ☐ _____ transfer 100% of my payment under 1(b) to another tax-sheltered plan:

Name of financial institution

Plan number

- (b) ☐ _____ transfer _____ to another tax-sheltered plan and take _____ in cash:
(indicate \$ or %) (indicate \$ or %)

Name of financial institution

Plan number

5.**Privacy**

The Trustees know that confidentiality of personal information is important. Any information you provide to us will be kept in a benefits file with the Administrator. Access to your information will be limited to:

- authorized staff, representatives of the plan, and the Administrator who require access in order to perform work related to the administration of the plans;
- individuals at the actuarial consulting firm appointed by the Trustees who require access in order to perform work related to the administration of the plan;
- individuals to whom you have granted access;
- individuals authorized by law.

You have the right to request access to the personal information in your file, and if necessary, correct any inaccurate information.

Authorization (Must be completed)

I hereby apply for final death benefits from the Ironworkers Ontario Pension Plan. I certify that all the information provided on this form is accurate and true.

I understand that if more than one beneficiary has been named, the final pension benefit will be divided in equal shares unless otherwise indicated by the deceased member. I also understand that the payment I am applying for represents full settlement of my rights under the Ironworkers Ontario Pension Plan.

I authorize the use of my social insurance number by the Trustees of the Ontario Ironworkers Benefit and Pension Plans and their appointed agents for identification, administration and tax reporting purposes. I also agree to the collection, holding, sharing and use of my personal data for the following purposes:

- to determine eligibility for benefits;
- for ongoing plan management and cost analysis.

Applicant Signature: _____ Date: _____
Day / Month / Year

Witness Signature: _____ Date: _____
Anyone 18 or over including a family member Day / Month / Year

Witness Name: _____ Address of Witness: _____
Please print