



Ironworkers Ontario Pension Plan

Application for Pre-retirement Death Benefit (Named Beneficiary or Estate)

Instructions

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 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: _____

4.**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 pre-retirement death benefits from the Ironworkers Ontario Pension Plan. I certify that all the information provided on this form is accurate and true, and that, to the best of my knowledge, the deceased member had no spouse at the time of death.

I understand that if more than one beneficiary has been named, death benefits 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 and over including a family member Day / Month / Year

Witness Name: _____ Address of Witness: _____
Please print