



Ironworkers Ontario Pension Plan

Application for Post-retirement Death Benefit (Spouse)

Instructions

This is a two-sided form. Please complete both sides, sign and date this form and return it with the following:

- ☐ **Certified** copy of death certificate
- ☐ Direct deposit form
- ☐ Canada Revenue Agency form TD1
- ☐ Ontario TD1

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: _____ Social Insurance Number: _____
Date of Birth: _____ Member worked as an Ironworker during the month of death: ☐ Yes ☐ No
Day / Month / Year

2. Spouse of Deceased Member (Member's Beneficiary)

Last Name: _____ First Name: _____
Middle Name: _____ Social Insurance Number: _____
Complete Mailing Address – Street: _____ Phone #: _____
City/Town: _____ Province: _____ Postal Code: _____
Country: _____ Email Address: _____

3. Beneficiary(ies)

If you die before the total pension payments received by you and the member are at least equal to the deceased member's total pension contributions, the difference will be paid to the beneficiary(ies) named below. If you name more than one beneficiary, the amount due to be paid will be divided in equal shares, unless you indicate otherwise.

Last Name: _____ First Name: _____
Middle Name: _____ Date of Birth: _____ Relationship*: _____
Complete Mailing Address – Street: _____
City/Town: _____ Province: _____ Postal Code: _____
Country: _____ Share of benefits (only if not 100% or divided equally): _____ %

*This information might help the Administrator to track down this beneficiary after your death.

Beneficiary (continued)

Last Name: _____ First Name: _____
 Middle Name: _____ Date of Birth: _____ Relationship*: _____
 Complete Mailing Address – Street: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Country: _____ Share of benefits (only if not 100% or divided equally): _____ %

Beneficiary (continued)

Last Name: _____ First Name: _____
 Middle Name: _____ Date of Birth: _____ Relationship*: _____
 Complete Mailing Address – Street: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Country: _____ Share of benefits (only if not 100% or divided equally): _____ %

*This information might help the Administrator to track down this beneficiary after your death.

4. Privacy

The Trustees of the Ironworkers Ontario Pension Plan 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 plan;
- 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 my spouse's pension from the Ironworkers Ontario Pension Plan. I certify that all the information provided on this form is accurate and true, and that I was the spouse of the deceased member who was living with him/her on the date of retirement.

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.

Signature of Deceased Member's Spouse _____ Date _____
 Day / Month / Year

I agree to the sharing of my personal information with the following individuals: ☐ child ☐ other _____
 please specify

Witness Signature _____ Date _____
 anyone 18 or over including a family member but not a beneficiary named above Day / Month / Year

Witness Name _____ Address of Witness _____
 please print