



Ironworkers Ontario Pension Plan

Application for Pre-retirement Death Benefit (Spouse)

Instructions

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

- ☐ **Certified** copy of death certificate
- ☐ Proof of age including **original or certified copies** of your birth certificate, citizenship certificate, or valid passport (only if taking Payment Option 1)
- ☐ Canada Revenue Agency form T2151 (only if taking Payment Option 2b)

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. Spouse of Deceased Member (Member's Beneficiary)

Last Name: _____ First Name: _____
Middle Name: _____ Social Insurance Number: _____
Date of Birth: _____ Phone #: _____
Day / Month / Year
Complete Mailing Address – Street: _____
City/Town: _____ Province: _____ Postal Code: _____
Country: _____

3. Death Benefits Payment Options (Check one only and place your initials beside your selection)

I understand that the option I choose below represents full settlement of my rights under the Ironworkers Ontario Pension Plan.

Initials

- 1a. ☐ _____ Lifetime pension starting immediately
- 1b. ☐ _____ Lifetime pension starting sometime in the future (no later than the end of year in which I reach age 71)
- 2a. ☐ _____ One-time payment taken in cash (taxable)
- 2b. ☐ _____ One-time payment transferred to another tax-sheltered plan _____
Plan number
- 2c. ☐ _____ One-time payment with _____ taken in cash and _____ transferred to another tax-sheltered plan _____
Indicate \$ or % Indicate \$ or % Plan number

4. Beneficiary(ies) *(Complete only if taking Option 1)*

If you die before receiving pension payments totalling the full value of the deceased member's pension benefit earned before 1987, the final pension benefit will be paid to your beneficiary(ies) named below. If you name more than one beneficiary, the final pension benefit will be divided in equal shares unless you indicate otherwise. Please attach an additional sheet if naming more than two beneficiaries.

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____ Relationship*: _____
Day / Month / Year

Complete Mailing Address – Street: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____ Share of benefits (only if not 100% or divided equally): _____ %

Beneficiary(ies)

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____ Relationship*: _____
Day / Month / Year

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.*

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 my death benefits from the Ironworkers Ontario Pension Plan. I certify that all the information provided on this form is accurate and true, and that I am the spouse of the deceased member who was living with him/her on the date of death.

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 to determine eligibility for benefits, 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: _____ Complete Mailing Address – Street: _____
Please print

City/Town: _____ Province: _____ Postal Code: _____ Country: _____