



Ironworkers Ontario Pension Plan

Appointment of Beneficiary Form (Retirees)

Instructions

- If you have chosen a payment option that provides a continuing pension for the lifetime of your spouse, any beneficiary you name below applies only if your spouse dies, and there are remaining death benefits to be paid under the plan.
- If you have chosen any other pension payment option, any death benefits will be paid to the beneficiary(ies) named below.
- If you name more than one beneficiary, death benefits will be divided in equal shares among them unless you indicate otherwise. If you don't name a beneficiary, pension death benefits will be paid to your estate unless otherwise indicated in your will.
- Your back-up beneficiary (Box 3) will apply only if no beneficiary named in Box 2 is alive to receive your death benefits.
- This is a three-page form. Please be sure to complete all three pages in full, sign, and have someone other than a beneficiary witness it.

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. Member Details

Last Name: _____ First Name: _____
Middle Name: _____ ☐ S.I.N. or ☐ Member Certificate Number: _____
Date of Birth: _____ Phone #: _____
Day / Month / Year
Complete Mailing Address – Street: _____
City/Town: _____ Province: _____ Postal Code: _____
Country: _____ E-mail Address: _____

2. Primary Beneficiary(ies) (If you name more than one beneficiary, death benefits will be divided in equal shares unless you indicate otherwise.)

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.*

Primary Beneficiary(ies) (cont'd)

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): _____ %

Primary Beneficiary(ies) (cont'd)

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): _____ %

3.**Back-up Beneficiary(ies)** *(Will apply only if no beneficiary named in Box 2 is alive to receive your death benefits.)*

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): _____ %

Back-up Beneficiary(ies) (cont'd)

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.*

4. Trustee (Only if naming a beneficiary under age 18.)

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

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

5. Signatures

I hereby revoke any previous appointment of beneficiary under the Ironworkers Ontario Pension Plan and direct that, in the event of my death, any benefits payable from the Ironworkers Ontario Pension Plan will be paid to the person(s) named above as beneficiary(ies). I understand that this appointment will remain in effect until revoked by me in writing and filed with the Administrator. If my beneficiary(ies) die(s) before I do and no other has been appointed, death benefits will be paid to my estate.

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

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: _____

6. 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 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.

I certify that all information provided on this form is accurate and true.

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

I agree to the sharing of my personal information with my spouse for the purpose of benefits administration ☐ Yes ☐ No

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

I agree to the sharing of my personal information with my spouse for the purpose of benefits administration ☐ Yes ☐ No