



# Ironworkers Ontario Pension Plan

## Appointment of Beneficiary Form

### Instructions

- If you die before retirement, the plan will pay a death benefit equal to the larger of:
  - a) your total pension contributions, plus interest paid after 1980, or
  - b) the total value of your pension earned after 1986.Which one is larger will depend on your age, contribution history and other factors.
- If you have a spouse (see definition below), under current law he or she is automatically the beneficiary for amount (b) unless you and your spouse have signed a spouse's waiver form. If amount (a) is larger than (b), the difference is paid to whomever you name as your beneficiary(ies). **To make sure your full death benefit is paid only to your spouse, you should name your spouse in Boxes 2 and 3.**
- If you don't have a spouse, you may name anyone you choose as your beneficiary(ies). 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 have a spouse and don't name a beneficiary, pension death benefits will be paid to your estate, unless otherwise indicated in your will.
- Your back-up beneficiary(ies) (Box 4) will apply only if no beneficiary named in Box 2 or Box 3 is alive to receive your death benefits.
- This is a three-page form. Please be sure to complete all three pages in full and have someone other than a beneficiary witness it. Return the original 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

<input type="checkbox"/> S.I.N. or <input type="checkbox"/> Member Certificate Number:	_____	Union Local:	_____
Last Name:	_____	Trade:	_____
First Name:	_____	Middle Name:	_____
Date of Birth:	_____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Day / Month / Year			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/>			
Complete Mailing Address – Street:	_____	Phone #:	_____
City/Town:	_____	Province:	_____
		Postal Code:	_____
Country:	_____	Email Address:	_____

2.

### Spouse Details

Last Name:	_____	First Name:	_____
Middle Name:	_____	Spouse's Social Insurance Number:	_____
Date of Birth:	_____		
Day / Month / Year			

### Who qualifies as your spouse under Ontario pension law

If you live in Ontario	A person who is living with you and is: <ul style="list-style-type: none"><li>a) married to you, or</li><li>b) not married to you but has been living with you in a conjugal relationship continuously for at least three years, or</li><li>c) in a relationship of some permanence with you if you are the parents of your own or adopted child, as defined in the Family Law Act, 1986 (Ontario).</li></ul>
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**3.****Primary Beneficiary(ies)** *(If you name more than one beneficiary below, 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): \_\_\_\_\_ %

**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): \_\_\_\_\_ %

**4.****Back-up Beneficiary(ies)** *(Will apply only if no beneficiary named in either Box 2 or Box 3 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): \_\_\_\_\_ %

\*Note: This information might help the Administrator to track down your beneficiary after your death.

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Relationship\*: \_\_\_\_\_  
 Complete Mailing Address – Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Note: This information might help the Administrator to track down your beneficiary after your death.

**6. 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.

I understand that pension law requires certain death benefits relating to my pension earned after 1986 to be paid to my spouse unless I have filed a spouse's waiver form completed and signed by my spouse.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Day / Month / Year  
 Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Day / Month / Year  
 (anyone 18 or over including a family member but not a beneficiary named above)  
 Name of Witness: \_\_\_\_\_  
 (please print)  
 Complete Mailing Address of Witness – Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_

**7. 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 or ☐ 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 or ☐ No