



Ironworkers Ontario Pension Plan

Pension Application Form (Small pension – single payment)

Instructions

This is a two-sided form. Please complete both sides, sign and date this form and return with the items on the application checklist. It will take approximately two months to process your application.

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

Application checklist

- ☐ Proof of age (**original or certified copies** of your birth certificate, citizenship certificate, or valid passport)
- ☐ Canada Revenue Agency form T2151 (if transferring to RRSP)

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: _____

- ☐ I have been a dues-paying Ironworker since: Day: _____ Month: _____ Year: _____ Current Local: _____
- ☐ I am still working as an Ironworker ☐ I am no longer working as an Ironworker
- ☐ I have worked as an Ironworker in the United States ☐ I have not worked as an Ironworker in the United States
- My U.S. Local is: _____ My U.S. Social Security Number is: _____

2.

Pension Payment Option (Check one only and place your initials beside your selection)

Initials

1. ☐ _____ I wish to take an immediate payment (withholding tax will be deducted)

2. ☐ _____ I wish to make a tax-free transfer to an RRSP

Name of financial institution: _____ Plan number: _____

3.

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 pension from the Ironworkers Ontario Pension Plan. I certify that all the information provided on this form is accurate and true.

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 understand the payment I am applying for represents full settlement of my rights under the Ironworkers Ontario Pension Plan.

Member Signature: _____ 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 Day / Month / Year

Witness Name: _____ Address of Witness: _____
Please print