



Ironworkers Ontario Pension Plan

Pension Application Form (Age 65 and over)

Instructions

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

Application checklist

- ☐ Proof of your age (**original or certified copies** of your birth certificate, citizenship certificate, or valid passport)
- ☐ Proof of your spouse's age (if you choose Payment Option 3)
- ☐ Appointment of beneficiary form (retirees)

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

- ☐ Waiver of spouse's pension (if applicable)
- ☐ Direct deposit form
- ☐ Canada Revenue Agency form TD1
- ☐ Ontario TD1

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: _____
- ☐ I wish to start my pension on: Day: **1st** Month: _____ Year: _____

Your pension can be backdated for up to 12 months.

2. Spouse Details

- ☐ I have a spouse as defined below (Provide details) ☐ I do not have a spouse as defined below (Go directly to next page)
- Last Name: _____ First Name: _____
- Middle Name: _____ Social Insurance Number: _____
- Date of Birth: _____
Day / Month / Year

Who qualifies as your spouse under Ontario pension law

If you live in Ontario, your spouse is the person who is living with you and is:

- a) married to you, or
- b) not married to you but has been living with you in a conjugal relationship continuously for at least three years, or
- 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).

3. Pension Payment Option *(Please check one only and initial your selection)*

I understand that once I start receiving my pension, the option I have chosen **cannot** be changed. If I have a spouse, I am required by law to take one of the options under 3a or 3b below, unless my spouse and I sign a waiver declining the spouse's pension. Only my spouse named at the time of my retirement will qualify for a spouse's pension.

Initials _____

1. ☐ _____ **Five-year guarantee period ("normal pension"):** Pension paid for your life with payments continuing to beneficiary for remaining guarantee period if you die within first five years of retirement.
2. ☐ _____ **Ten-year guarantee period:** Pension paid for your life with payments continuing to beneficiary for remaining guarantee period if you die within first 10 years of retirement.
- 3a. ☐ _____ **60% spouse's pension:** Pension paid for your life with 60% continuing to your spouse for his/her lifetime after your death.
- ☐ _____ **100% spouse's pension:** Pension paid for your life with 100% continuing to your spouse for his/her lifetime after your death.
- 3b. ☐ _____ **60% spouse's pension with pop-up:** Pension paid for your life with 60% continuing to your spouse for life after your death. If spouse dies before you, your pension pops up to the amount you would have received under Option 1.
- ☐ _____ **100% spouse's pension with pop-up:** Pension paid for your life with 100% continuing to your spouse for life after your death. If spouse dies before you, your pension pops up to the amount you would have received under Option 1.

4. 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, individuals at the actuarial consulting firm appointed by the Trustees and the Administrator 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.

5. Signatures and 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.

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

I agree to the sharing of my personal information with the following individuals: ☐ Spouse ☐ Other _____
Please specify

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

I agree to the sharing of my personal information with the following individuals: ☐ Spouse ☐ Other _____
Please specify

Witness Signature: _____ Date: _____
Anyone 18 or over including a family member Day / Month / Year

Witness Name: _____ Address of Witness: _____
Please print