



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

S.I.N. or Member Certificate Number: _____ Union Local: _____

Last Name: _____ Trade: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ Sex: Male Female
Day / Month / Year

Marital Status: Single Married Divorced/Separated Widowed

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, 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).

(If you name more than one beneficiary below, death benefits will be divided in equal shares unless you indicate otherwise)

3. Primary 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): _____ %

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): _____ %

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): _____ %



(Will apply only if no beneficiary named in either Box 2 or Box 3 is alive to receive your death benefits)

4. Back-up 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): _____ %

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): _____ %

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): _____ %

TRUSTEE (Only if naming a beneficiary under age 18)

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.

Privacy *(Please read carefully)*

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 from time to time;
- 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.

By signing below, you authorize the use of your 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. You also agree to the collection, use and disclosure of your personal information for the following purposes:

- to determine eligibility for benefits;
- to share with your spouse, if applicable, for benefit administration;
- for ongoing plan management and cost analysis.

7.

Signatures

I hereby revoke any previous appointment of beneficiary under the Ironworkers Local 721 (Rodmen) Pension Plan and direct that, in the event of my death, any benefits payable from the Ironworkers Local 721 (Rodmen) 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.

I certify that I am authorized to disclose, on this form, personal information about other individuals, such as my spouse and beneficiary(ies), to be used for the identified purpose; and all information provided on this form is accurate and true.

Member Signature: _____ Date: _____

Day / Month / Year

I am the member's spouse and agree to share my personal information for benefit administration purposes.

Yes

No

Spouse 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: _____ Witness Address: _____

(Please print)