



# Ironworkers Ontario Pension Plan

## Termination Option Form (Locked-in funds only)

### Instructions

This is a two-page form. Please complete both pages, sign and date this form and return it with the following:

Proof of your age (**original or certified copies** of your birth certificate, citizenship certificate, valid passport, or valid driver's license)

Canada Revenue Agency form T2151

For your "locked-in" funds, a locking-in agreement (confirmation of compliance)

#### 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: \_\_\_\_\_

Day / Month / Year

Complete Mailing Address - Street: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email Address: \_\_\_\_\_

I have been a dues-paying Ironworker since: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Current Local: \_\_\_\_\_

### 2. Former Spouse Confirmation

Please indicate whether your pension is subject to a domestic contract or court order under the Family Law Act (Ontario). A "domestic contract" means (but is not limited to) a marriage agreement, separation agreement, cohabitation agreement, paternity agreement or family arbitration agreement.

My pension is not subject to a domestic contract or court order.

My pension is subject to a domestic contract or court order (please attach a copy.)

### 3. Termination Payment Option (Please check one only and initial your selection)

I understand that the option I choose below represents full settlement of my rights under the Ontario Ironworkers Pension Plan. If I later re-enter the plan, my period of membership before termination will not count toward an 85-point pension.

I wish to choose the following transfer option for my one-time pension payment:

Initials

\_\_\_\_\_ Locked-in RRSP \_\_\_\_\_ Plan number \_\_\_\_\_

Name of financial institution

\_\_\_\_\_ Insurance company to buy lifetime annuity \_\_\_\_\_

Name of insurance company

\_\_\_\_\_ Another employer's pension plan \_\_\_\_\_

Plan registration number

**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.

**Authorization (Must be completed)**

I hereby apply for my termination benefits 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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
Anyone 18 or over including a family member Day / Month / Year

Witness Name \_\_\_\_\_ Address of Witness \_\_\_\_\_  
Please print