



# 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 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 (Check one only and place your initial beside your selection)

I understand that the option I choose below represents full settlement of my rights under the 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-term pension payment:

- ☐ \_\_\_\_\_ Initial Locked-in RRSP \_\_\_\_\_  
name of financial institution plan number
- ☐ \_\_\_\_\_ 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, 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 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