



**~ APPLICATION FOR PENSION ~**

MEMBER INFORMATION		
Name of Member:	_____	
	(Surname)	(First) (Middle)
Social Insurance Number:	_____	
Date of Birth:	_____	
	<i>(attach proof-of-age documentation)</i>	
Address:	_____	
Phone Number:	_____	

**PENSION PARTNER DEFINITION**

***The physical location where a member reports to work determines which jurisdiction he or she is employed in. A person could reside in one province and work in another. In the absence of reciprocity, it is the province of employment, not residence, at the relevant date that determines which pension law applies to that individual.***

**"PENSION PARTNER" means a person who at the date of retirement of a Member:**

In respect of a Member employed in **Alberta**, persons are Pension Partners or Spouses for the purposes of this Plan on any date on which one of the following applies:

- (a) They
  - (i) are married to each other, and
  - (ii) have not been living separate and apart from each other for a continuous period longer than 3 years;
- (b) if clause (a) does not apply, they have been living with each other in a marriage like relationship
  - (i) for a continuous period of at least 3 years preceding the date, or
  - (ii) of some permanence, if there is a child of the relationship by birth or adoption.

In respect of a Member employed in **British Columbia**, persons are Spouses for the purposes of this Plan on any date on which one of the following applies:

- (a) they
  - (i) are married to each other, and
  - (ii) have not been living separate and apart from each other for a continuous period longer than 2 years;
- (b) they have been living with each other in a marriage-like relationship for a period of at least 2 years immediately preceding the date.

In respect of a Member employed in the **Yukon Territories**, persons are Spouses for the purposes of this Plan on any date on which one of the following applies:

- (a) they
  - (i) are married to each other, and
  - (ii) have not been living separate and apart from each other for a continuous period longer than 1 year;
- (b) they have been living with each other in a conjugal relationship for a period of at least 1 year immediately preceding the date.

## PENSION PARTNER INFORMATION – PART 1

**I DECLARE THAT**, at the date of my Retirement with the Alberta Carpenters and Allied Workers Pension Plan, I have:

[ ] **A PENSION PARTNER** - Provide date "Marriage-like relationship" commenced: \_\_\_\_\_

[ ] **NO PENSION PARTNER** (please sign) \_\_\_\_\_

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE PENSION LEGISLATION'S DEFINITION OF PENSION PARTNER AS DESCRIBED ABOVE and by way of my signature I HEREBY DECLARE MY MARITAL STATUS TO BE SINGLE on the date of my Retirement identified on this form.**

Pension Partner Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(attach proof-of-age documentation)

Social Insurance Number: \_\_\_\_\_

## PENSION PARTNER INFORMATION – PART 2

**SINCE YOUR PLAN ENTRY DATE, HAVE YOU EVER EXPERIENCED A SEPARATION OF:**

(a) Marriage: [ ] YES [ ] NO **If YES**, Date of Separation: \_\_\_\_\_

(b) Common-Law Relationship: [ ] YES [ ] NO **If YES**, Date of Separation: \_\_\_\_\_

If the answer to either of (a) or (b) above is **yes**, does there exist:

An order of the Court of Queen's Bench made under the Matrimonial Property Act stating that your family assets have been/will be Divided, or

A written agreement between the two of you stating that your family assets have been/will be divided.

[ ] YES [ ] NO **If YES**, please attach a photocopy of the applicable document.

**If YES**, please also provide the following details concerning your separation and your separated Spouse or Pension Partner:

Name of Separated Pension Partner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## RETIREMENT INFORMATION

I hereby certify that I wish to retire from the Alberta Carpenters and Allied Workers Pension Plan on the first day of \_\_\_\_\_ (month), 20\_\_\_\_\_ and understand my first payment will be made effective such date. Note: If you are eligible for pension, your pension will start on the first day of the month immediately following the month in which your application for pension is received, in full and satisfactory form, or on the first day of a subsequent month specified by you.

Are you **currently** a member of a Carpenters Union? [ ] YES [ ] NO

If YES, which Local? \_\_\_\_\_

In the last 12 months, did you work for a Participating Employer [ ] YES [ ] NO

If YES, Last day worked \_\_\_\_\_

Name of Company: \_\_\_\_\_

What is the last Province or Territory you were Employed: \_\_\_\_\_

## PAYMENT INFORMATION

All **monthly** pension payments from the Alberta Carpenters and Allied Workers Pension Plan are electronically deposited to your bank account. **PLEASE COMPLETE THE ATTACHED "ELECTRONIC DEPOSIT" form.**

\***Electronic Deposit is not available if you:**

- a) are eligible for or have elected a one-time lumpsum payment; or
- b) do not reside in Canada.

\_\_\_\_\_  
*Signature of Member*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

## REQUIRED INFORMATION FOR PROCESSING RETIREMENT

Your Application for Retirement must be **completed in full**. The following information **must** accompany your application:

1. **Proof of your date of birth** (copy of your birth certificate or passport)
2. **Proof of your pension partner's date of birth** (if applicable) (copy of his/her birth certificate or passport)  
*If you do not have a Birth Certificate or passport, please contact our office to discuss other possible documentation*
3. A completed **TD1 Form** (Personal Tax Credit Return); and
4. A completed **"Electronic Deposit" Form**.
5. Appointment of Beneficiary Form