



~ APPLICATION FOR PENSION ~

MEMBER INFORMATION (REQUIRED)

Name of Member: _____
(Surname) (First) (Middle)

Social Insurance Number: _____

Date of Birth: _____
(attach proof-of-age documentation)

Address: _____

Phone Number: _____

Email: _____

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 (REQUIRED)

I DECLARE THAT, at the date of my Retirement with the ACAW Pension Plan, I have:

A PENSION PARTNER - Provide date "Marriage-like relationship" commenced: _____

Pension Partner Name: _____

Date of Birth: _____
(attach proof-of-age documentation)

Social Insurance Number: _____

OR

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE PENSION LEGISLATION'S DEFINITION OF PENSION PARTNER AS DESCRIBED ON THE FIRST PAGE OF THIS APPLICATION 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.

NO PENSION PARTNER (please sign) _____

PENSION PARTNER INFORMATION – PART 2 (REQUIRED)

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 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: _____

If your Pension Partner or Separated Pension Partner has passed away, please provide the Plan Office with a copy of the Death Certificate or Funeral Directors Statement of Death.

If you have experienced a separation of a Marriage or Common-Law Relationship, does there exist:

An order of the Court of King'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.

In the absence of a written agreement, the Plan Office will require a Statutory Declaration signed by the Separated Pension Partner or Spouse waiving their rights to your ACAW Pension.

RETIREMENT INFORMATION (REQUIRED)

I hereby certify that I wish to retire from the ACAW 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.

YOUR COMPLETED APPLICATION MUST BE SUBMITTED NO MORE THAN 3 MONTHS PRIOR TO THE RETIREMENT DATE

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 ACAW 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.

Please note we can only deposit pension funds to a bank account under the member's name.

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, passport or driver's license)
2. **Proof of your pension partner's date of birth** (if applicable) (copy of his/her birth certificate, passport or driver's license)
If you do not have a birth certificate, passport or driver's license 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** in the member's name.
5. Appointment of Beneficiary Form (Please contact the Plan Office for appropriate form if required)