

ALBERTA SHEET METAL WORKERS' RETIREMENT TRUST FUND

100, 8905 – 51 Avenue, Edmonton, AB T6E 5J3

Phone (780) 466 1999 • Toll Free (Alberta) 1 (800) 642 3881 • Fax (780) 466 2095 • Email: info@absheetmetalpension.com

Retirement Application

I wish to retire and receive a monthly pension from the Alberta Sheet Metal Workers' Retirement Plan. Please send the required documents to initiate my retirement. I understand this form must be submitted at least 60 days in advance of the date I wish to retire. I cannot backdate my retirement date, therefore, if all required and properly completed documents are received by the Administration Office after by my requested retirement date, my retirement will commence the first of the following month in which the documents are received.

My retirement date is: _____ 1, _____. [form must be signed & dated on page 2]
Month Year

Member Information

Member Name: _____
First Name Middle Name Last Name

Social Insurance Number: _____ Telephone Number: _____

My Address is: _____

City Province Postal Code Country (if outside Canada)

Email Address: _____

Marital Status: Single
 Married Common-law Date of Marriage or Cohabitation: _____
 Separated Divorced Date of Separation / Divorce: _____

If you have been separated or divorced, please complete the following;

I certify that, as of the date of this application;

- no part of my pension entitlement under this Plan has been assigned by an agreement or court order as a result of marriage or relationship breakdown, OR
 a portion of my pension entitlement under this Plan as been assigned.

Spouse [Pension Partner] Information

[See Definition on back of form]

Name of Spouse [Pension Partner]: _____
(if applicable): First Name Middle Name Last Name

Social Insurance Number: _____ Gender: Male Female

You must provide a copy of your marriage certificate. If you are living common-law, you must complete a declaration of marital status that will be included in your retirement package.

Dates of Birth

Member's Birthdate: _____ Spouses's Birthdate (if applicable): _____
(Month/Day/Year) (Month/Day/Year)

You must provide a copy of your and your Spouse's (if applicable) proof of age. Examples of proof documents are on back of this form.

Please complete Reverse [Page 2]

Beneficiary Information

Complete this section only if you **do not** have a Spouse [pension partner], or if your Spouse has signed a waiver form. If you do not name a beneficiary, any pension benefits payable on your death will be paid to your estate.

I hereby revoke any previous designation of beneficiary(ies) and hereby designate the following named beneficiary(ies) to receive pension benefits, if any, payable at my death. I reserve the right to revoke and change this designation at any time by giving written notice to the Administration Office.

Name of Beneficiary(s): _____

Relationship to me: _____
ie: Son, Daughter, Sister, Brother, Friend

Date of Birth: _____
(month/day/year)

I hereby apply for a monthly pension from the Alberta Sheet Metal Workers' Retirement Plan commencing on the 1st day of _____, _____ and understand that benefits are payable at the **end of the month**. I certify that the information on this form is to the best of my knowledge and belief to be complete and accurate. I further understand that the information provided by me on this form will be used to process my pension benefit and I understand that a false statement shall give the Trustees the right to recover any payments made to me in reliance upon such false statement.

Date Signed

Signature of Member

Definition of a Spouse [Pension Partner]

- Spouse** is a person who has rights to your pension in accordance with pension legislation and who, at the relative time, is;
- a) someone that you are married to and to whom you have not been living separate and apart for 3 or more consecutive years, or
 - b) if there is no person to whom subsection (a) applies, someone you have been living with in a conjugal (common-law) relationship;
 - i. for a continuous period of at least 3 years, or
 - ii. of some permanence, if there is a child of the relationship by birth or adoption.

Spousal [Pension Partner] Waiver

A waiver form must be signed by your Spouse in order to permit you to elect a form of pension that does not provide at least 60% Joint and Last Survivor pension to your Spouse for their lifetime in the event of your death. The waiver form is not valid unless it is signed and filed with the Administration Office not more than 90 days before your retirement date. A waiver form may be obtained from the Administration Office.

Proof of Age Documents

Birth Certificate Citizenship (Canadian)
Valid Passport Baptismal Certificate