



IWA - FOREST INDUSTRY PENSION PLAN

SUITE 2100 - 3777 KINGSWAY, BURNABY, B.C. V5H 3Z7

TELEPHONE 604-433-6310 • TOLL FREE 1-800-663-4384 • FAX 604-433-0518

APPLICATION FOR PENSION BENEFITS

(to be completed 90 days in advance of retirement date)

SECTION A: To be completed by APPLICANT

Name of Applicant _____

Name of Beneficiary _____

Address of Applicant _____
STREET

Address of Beneficiary _____
STREET

TOWN

TOWN

PROVINCE POSTAL CODE

PROVINCE POSTAL CODE

Phone No. _____

Birthdate of Beneficiary _____ / _____ / _____
DAY MONTH YEAR

Birthdate of Applicant _____ / _____ / _____
DAY MONTH YEAR

Relationship of Beneficiary _____

Social Insurance No. _____

Social Insurance No. of Beneficiary _____

I hereby notify _____ (Employer) of my intention to commence receipt of my pension benefit on the 1st day of _____, 20____, and hereby apply for commencement of my pension benefits as provided under the terms and conditions of the IWA-Forest Industry Pension Plan in effect on the aforementioned date. In order to determine the amount of my pension benefit, the Plan requires, and I hereby request _____ (Employer) to provide to the Plan, the information in Section B below. I authorize the information in Section B to be used only for the purpose of calculating my pension benefit.

NOTE: If you do **NOT** retire within six months of filing this application, you will be required to reapply.

SIGNATURE

DATE

SECTION B: To be completed by EMPLOYER

Company Number

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Division Number

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Applicant has worked for us since: _____ / _____ / _____
DAY MTH YR

Last report ended: _____ / _____ / _____
DAY MTH YR

Vacation taken this year from: _____ / _____ / _____
DAY MTH YR

to: _____ / _____ / _____
DAY MTH YR

Last day employee expected to work: _____ / _____ / _____
DAY MTH YR

Employee is/was: Casual Full Time Temporary

Applicant has not worked since: _____ / _____ / _____ because of:

1. DISABILITY: W.C.B. Claim #: _____ Weekly Indemnity-Carrier: _____ LTD: _____

2. TRANSFER TO SALARIED: _____ / _____ / _____
DAY MTH YR

3. LAYOFF: Permanent Temporary SENIORITY EXPIRES: _____ / _____ / _____
DAY MTH YR

4. EMPLOYER WORKPLACE CHANGE: Technological Change Permanent Closure

5. OTHER: _____

Signature: _____ Date: _____ / _____ / _____
DAY MTH YR

Phone #: _____

NOTE: The intention to commence receipt of pension benefits as set out in Section A does not constitute a termination of employment

Forward **ORIGINAL** copy to the IWA-Forest Industry Pension Plan Administration Office and keep a photocopy for your records.