



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 a maximum of 90 days before your intended retirement date)

SECTION A: To be completed by APPLICANT

Name of Applicant _____

Address of Applicant _____
STREET

_____ TOWN

PROVINCE _____ POSTAL CODE

Phone No. _____

Birthdate of Applicant _____ / _____ / _____
DAY MONTH YEAR

Social Insurance No. _____

Use the section below to designate a beneficiary or multiple beneficiaries to any survivor benefits from the plan following your death. Even if you previously designated a beneficiary, you should complete this section to make sure your designation is current. Designating a beneficiary in this form will revoke any previous designations. If you do not complete this section and we have a previous beneficiary designation on file, that designation will remain in effect. (Attach a separate sheet if listing multiple beneficiaries)

If you have a spouse, provincial pension laws require that you name your spouse as your sole beneficiary unless a spousal waiver of rights form is completed by your spouse and submitted to the Plan Office.

Name of Beneficiary _____

Address of Beneficiary _____
STREET

_____ TOWN _____ PROVINCE _____ POSTAL CODE

Birthdate of Beneficiary _____ / _____ / _____
DAY MONTH YEAR

Relationship of Beneficiary _____

Social Insurance No. of Beneficiary _____

I hereby apply to begin receipt of my pension benefit on the first day of _____, 20_____, as provided under the terms and conditions of the IWA-Forest Industry Pension Plan on the aforementioned date.

NOTE: If you do **NOT** retire within six months of filing this application, you will be required to reapply. Monthly pensions are payable on the first on each month. Your earliest pension start date is the first of the month following receipt of your signed application. You must apply to receive your pension by December 1st of the year you turn 71.

SIGNATURE

DATE

CONFIDENTIAL MATERIAL: Please note that this form is **confidential** in nature and should be faxed, or mailed in a sealed envelope to the Plan Office of the IWA-Forest Industry Pension and LTD Plans at the address at the top of this page.

PRIVACY DISCLOSURE: The Trustees of the IWA-Forest Industry Pension and LTD Plans (Plans) and their respective agents and employees, collect, use, disclose and exchange your personal information in order to administer the Plans including to process benefits, enforce the Plans' terms (including to collect overpayments or to investigate potential fraud), to audit employers' records and claims and to communicate with third parties such as employers, insurers, health care providers and financial institutions when reasonably necessary to administer the Plans. By signing this form you consent to such collection, use, disclosure and exchanges for these purposes, any other purposes set out in the Plans' respective Privacy Policies and as permitted or required by law.