



# IWA - FOREST INDUSTRY PENSION PLAN

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

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## APPLICATION FOR PENSION BENEFITS

(to be completed 90 days in advance of 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. \_\_\_\_\_

*I revoke all previous beneficiary designations. I designate the following as my beneficiary to receive any amounts payable from the Plan in the event of my death:*

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 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MTH YR 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone #: \_\_\_\_\_  
DAY MTH YR

**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.