

**APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION**

**New**  **Revised**

This is a 2 sided form - please complete both pages in ink and print clearly. Please ensure you have signed and dated this form.

**1. APPLICANT DATA**

NAME Surname		Given Name		Initials	SOCIAL INSURANCE NUMBER
ADDRESS (No. and Street)		CITY		PROVINCE	POSTAL CODE
TELEPHONE NUMBER	GENDER (Male/Female)		DATE OF BIRTH (Year, Month, Day)		
EMAIL ADDRESS	UNION AFFILIATION AND LOCAL NO.		DATE OF EMPLOYMENT (Year, Month, Day)		

**2. MARITAL STATUS DECLARATION**

*The person who is your Spouse has important rights under the Pension Plan. If you die before you withdraw your benefits from the Pension Plan, your Spouse may be entitled to a death benefit. If on your pension commencement date you have a Spouse, your pension may have to be paid in a joint survivor form, which will give your Spouse a survivor pension if he/she survives you.*

*The definition of "Spouse" that applies to you depends on the pension legislation in the province in which you work.*

**If you work in British Columbia, you have a Spouse if there is a person who meets the following description:**

*in relation to another person,*

- (a) *a person who, at the relevant time, was married to that other person, and who, if living separate and apart from that other person at the relevant time, did not live separate and apart from that other person for longer than the 2 year period immediately preceding the relevant time, or*
- (b) *if paragraph (a) does not apply, a person who was living and cohabiting with that other person in a marriage-like relationship, including a marriage-like relationship between persons of the same gender, and who had been living and cohabiting in that relationship for a period of at least 2 years immediately preceding the relevant time.*

**If you are working in a different province than British Columbia, you must contact the Plan Administrator to find out the definition of Spouse that applies to you. The Plan Administrator's contact information is at the top of this page.**

I hereby certify that I have read the above definitions or contacted the Plan Administrator and that **as of the date of this declaration:** (PLEASE CHECK ONE)

I do not have a Spouse

I have a Spouse, whose name, birth date and Social Insurance Number is as follows:

Spouse's Last Name:

Spouse's First Name:

Spouse's Social Insurance Number

Spouse's Date of Birth (Year, Month, Day)

\_\_\_\_\_

\_\_\_\_\_

**IF MY MARITAL STATUS CHANGES IN THE FUTURE, I UNDERSTAND I MUST NOTIFY THE PLAN ADMINISTRATOR OF THIS CHANGE.**

**3. BENEFICIARY DESIGNATION** (Please complete this Section even if Section 2 is completed)

This designation applies if you die before you withdraw your benefits from the Pension Plan. If you have a Spouse (as defined in Section 2) on your date of death, the death benefit will be paid to your Spouse, unless a valid written waiver is completed by the Spouse. If you do not have a Spouse at death, or your Spouse signs a waiver, the death benefit will be paid to the beneficiary set out below. If on the date of death you have a former Spouse, he or she may have an interest pursuant to matrimonial property legislation in all or part of the death benefit. This interest may override, in whole or in part, your beneficiary designation.

If I die before I withdraw the benefits that are owing to me under the Pension Plan, I designate the following individual(s) or organization(s) as my beneficiary(ies) and revoke any prior designation I have made:

NAME (Surname, Given Name & Initials)	RELATIONSHIP	PERCENT	IMPORTANT NOTES
		%	☞ If you name more than one beneficiary, show percentages. ☞ If beneficiary is a minor, name a Trustee on his/her behalf.
		%	
		%	
		%	

If sufficient space is not available on this form for the beneficiary designation desired, check here  and complete a separate sheet to be attached to this form. The attachment should also be signed and dated.

If your beneficiary is a minor, please name an adult Trustee here: \_\_\_\_\_  
The Administrator of the Pension Plan shall have no responsibility to monitor the actions of the named Trustee.

You may change your beneficiary at any time by completing and submitting a new enrolment form to the Plan Administrator. The new form may be obtained from the Plan Administrator or from your Employer.

**4. COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

The collection, use and disclosure of an individual's personal information by the Board of Trustees of the Pension Plan (or the Trustees' authorized agent, including the Plan Administrator) during his/her participation in the Pension Plan is for the purpose of administering the Pension Plan and the benefits that are conferred on Members of the Pension Plan. The collection, use and disclosure of personal information about individual Members of the Pension Plan will be done in a manner that is reasonable. Furthermore, reasonable security arrangements will be taken to prevent any unauthorized access, collection, use, disclosure, copying, modification or disposal of personal information about individual Members of the Pension Plan.

**5. PRIVACY QUESTION**

In order to verify your identity when you call the Plan Administrator, please provide a personal fact or question along with the answer that only you would be able to answer (mother's maiden name, place of birth etc.):

Question: \_\_\_\_\_ Answer: \_\_\_\_\_

**6. APPLICATION FOR ENROLMENT**

I, the undersigned, hereby:

- a) apply to be enrolled as a Member of the Heat and Frost Local 118 Union Pension Plan,
- b) certify that the information provided on this form is correct,
- c) consent to the collection, use and disclosure of my personal information by the Board of Trustees of the Pension Plan (or it's authorized agent) for the purpose of administering the Pension Plan and the benefits that may be conferred on Members of the Pension Plan,
- d) agree to be bound by all the terms and conditions of the Pension Plan,
- e) agree to promptly update the Board of Trustees or the Plan Administrator on any changes to the status of a Spouse or beneficiary, and
- f) agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Board of Trustees or the Plan Administrator on any change to the status of a Spouse or beneficiary.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF APPLICANT (please print)

**PLEASE SUBMIT COMPLETED FORM TO THE PLAN ADMINISTRATOR:**

**D.A. Townley**

4250 Canada Way

Burnaby, BC V5G 4W6

Phone: (604) 299-7482 Fax: (604) 299-8136 Toll-Free 1-800-663-1356

www.datownley.com www.hfbenefits.org

