INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 773

PENSION PLAN # 349464 4050 NORTH SERVICE ROAD EAST

WINDSOR, ONTARIO

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APPLICATION FOR PENSION

TO: PENSION COMMITTEE

(PLEASE PRINT)

	Surname			Given Name
Home Address:				
Date of Birth:	Month	Day	Year	(Provide Copy of Birth Certificate)
S.I.N.:				
		reinafter r	eferred to	of the International Brotherhood of Electrical Workers, Local as "The Pension Plan") will terminate/be terminated as of by for a Monthly Pension in accordance with the provisions
Month Day of the Plan effec	Year			

I understand and agree to conform to the hiring policies of Local 773.

In accordance with the provisions of the Pension Plan, I hereby revoke all former elections of optional forms of Pension, if any, and elect that any Pension, to which I am or may become entitled under the Pension Plan provisions, shall be paid on the following form:

- 1. I do not wish to convert any of my Pension to an optional form. I understand that my Pension will be payable for life, but guaranteed for 5 years in any event.
- 2. I wish to convert my Pension to the Life Guaranteed 10 year form.
- 3. I wish to convert my Pension to the Joint Life and Last Survivor form (60% to spouse).
- 4. I wish to convert my Pension to the Joint Life and Last Survivor form (100% to spouse).
- 5. I wish to have my Pension integrated with Old Age Security payments to age 65. (This option is available only in the case of a member who retired before age 65 and is eligible to received the Life Guaranteed 5 years form of pension.)

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For Option 3 or 4, my Joint Payee is: Relationship: Full Name: Given Name Surname (Provide Copy of Birth Certificate) Date of Birth: Day Year Month S.I.N.: Signature of Member: Date: Month Year Day FOR COMMITTEE USE ONLY Date of Birth of Applicant - Verified Date of Birth of Joint Payee - Verified Effective Date of Pension: Cause Month Day Year Monthly Pension: Life Guaranteed 5 years 1. \$ 2. Life Guaranteed 10 years \$ Joint Life & Last Survivor (60% to Spouse) 3. \$ 4. Joint Life & Last Survivor (100% to Spouse) Integrated with Old Age Security, 5. - Life Guaranteed - 5 years - Temporary Pension to age 65 (ceasing on _____ - Total Pension up to age 65 APPROVAL OF: Pension Committee -Actuary -

Year

Day

Date:

Signature of Actuary

Month

Date:

Signature (Pension Committee)

Month

Day

Year

IBEW Local Union 773 Pension Plan

Registration #0349464

STATEMENT OF MARITAL STATUS

	e of Mem al Insuran	ber: ce Number:	Last N	lame		First Name	Initial		
DEF	INITION C	OF SPOUSE							
•	•	of the Plan, "S ne Member wh	•	Member on ar	ny date means a	a person of the opposite	e sex to the Member or the		
(i)	is married to the Member, or								
(ii)	is not	married to the	Member b	ut is living with	the Member in	a conjugal relationship			
	(a)	continuously	for a perio	d at least three	years, or				
	(b) in a relationship of some permanence if they are the natural or adoptive parents of a child, both as defined in the Family Law Act, R.S.O. 1990, ch. F.3;								
		or the purpose and apart fro			nall be deemed	not to be the Spouse of	f a Member if the person is		
MAR	RITAL STA	ATUS – Check	only one						
	I do ha	ve a Spouse a	s defined a	bove					
	I have a Spouse as defined above, but we are living separate and apart								
	I do not	t have a Spou	se as define	ed above					
SPO	USE DAT	Α							
Name	e of Spou		ast Name			First Name	Initial		
Spou	se's Date	of Birth			=0 :===================================				
		[Day	Month	Year				
ASS	GNMENT	OF PENSIO	N – Check	only one					
As of		of this stateme							
		of my pension e breakdown.		nt under this PI	an has been as	signed by agreement o	r court order as a result of a		
		the applicable				assigned as a result of a has been submitted pr	a marriage breakdown. A eviously to this Plan's		
Signa	ature of M	ember			Date				
Signa	ture of W	itness			Name o	of Witness (Please Prin	t)		

IMPORTANT: If you have a Spouse as defined above and you do not choose one of the Joint & Survivor Pension options when you retire, a Spousal Waiver of Joint & Survivor Pension must be completed.