

**BRICKLAYERS & STONEMASONS UNION LOCAL 2 (ONTARIO) PENSION PLAN
REGISTRATION NUMBER 0572883**

APPLICATION FOR RETIREMENT BENEFIT FORM

When you have completed and returned this form to Global Benefits you will then receive a Retirement Benefit Election Form, which will provide you with various optional payment amounts available to you at your retirement date.

MEMBER'S Name: _____ SIN: ____/____/____
INFORMATION: (Last/Family) (First) (Second)

Address: _____ Date of Birth: ____/____/____
(Number & Street) (Apt #) (Day) (Month) (Year)

(City or Town) (Province) (Postal Code)

Tel. No: _____ Retirement Date: ____/____/____
(Day) (Month) (Year)

SEX & MARITAL STATUS: [] Male [] Female []
[] Married [] Common Law [] Single
[] Separated [] Divorced [] Widower
SIN: ____/____/____
(Spouse's SIN Number)

Spouse Name: _____ Spouse Date of Birth: ____/____/____
(Last/Family) (First) (Second) (Day) (Month) (Year)

IMPORTANT: 1) If, as the result of a prior marital breakdown, you have a Court Order or a Domestic Agreement which affects your Pension entitlement under the plan, please provide a copy.

2) If the above section is not applicable, please enter X in the following box [] NO

UNION INFORMATION: Local Union Number _____

Initiation Date: ____/____/____ Reinstatement Date: ____/____/____ Union Termination Date: ____/____/____
(Day) (Month) (Year) (Day) (Month) (Year) (Day) (Month) (Year)

EMPLOYER Last Date of Employment: ____/____/____
INFORMATION: Employer: _____ (Day) (Month) (Year)

Member Signature: _____ Date: ____/____/____
(Day) (Month) (Year)

INSTRUCTIONS:

Please provide a copy of the following as indicated:

- [] Copy of Member's Birth Certificate [] Copy of Marriage Certificate [] Spouse's Social Insurance No
[] Copy of Spouse's Birth Certificate [] Union Membership Card (both sides)

**and mail to:
Agent/
Administrator:**

**GLOBAL BENEFITS
88 St. Regis Crescent South
Toronto, Ontario M3J 1Y8
Telephone: (416) 635-6000 Fax: (416) 635-6464**

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**ONTARIO DECLARATION OF MARITAL STATUS
(Please complete both Section 1 and Section 2)**

SECTION 1

A. I, _____, hereby certify for the purposes of the Bricklayers & Stonemasons Union Local 2 (Ontario) Pension Plan, as of the date of my application under the Plan.

I do have a spouse

I do not have a spouse.

“Spouse” means either two person who,

(a) are married to each other, or

(b) are not married to each other and are living together in a conjugal relationship,

(i) continuously for a period of not less than three years, or

(ii) 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;

B. My spouse's name is: _____

C. My spouse's date of birth is: _____ Date of Marriage/Co-habitation: _____

SECTION 2

A. I, _____, hereby certify for the purposes of the Bricklayers & Stonemasons Union Local 2 (Ontario) Pension Plan.

I do have a former spouse.

Date of Separation/Divorce: _____

I do not have a former spouse.

Is there a Court Order or Domestic Agreement affecting your pension?

Please ensure that you put X in correct box

YES

NO

If yes, please send a copy of the document.

Witness Signature

Member Signature

Witness Name (please print)

Date Both Member & Witness Sign

Witness Name, Address & Telephone No. (including area code)

Please note that you may be committing a crime, if you have a Court Order or Domestic Agreement affecting your pension and you do not notify us of it.

ADMINISTRATOR
GLOBAL BENEFITS
88 ST. REGIS CRESCENT SOUTH
TORONTO, ONTARIO, M3J 1Y8
TEL: (416) 635-6000 FAX: (416) 635-6464