



Checklist to apply for Retirement

Required Forms to be completed, signed and returned to the Plan Administration Office

- ☐ Application for Retirement Benefit - Pages 1&2
- ☐ Confirmation of Beneficiary Form - Page 3
- ☐ Certificate of Authorized Union Representative - Page 4
- ☐ Statement of Marital Status - Page 5
- ☐ Request for Direct Deposit - Page 6
- ☐ Release and Indemnity Form - Pages 7&8
- ☐ Retired Member's Authorization to Disclose Information - Page 9

Documents to be enclosed with your completed Application for Retirement Benefit

- ☐ A copy of your Birth Certificate or driver's license or passport or another acceptable proof of age document
- ☐ A copy of your Spouse's Birth Certificate, if applicable, or driver's license or passport or another acceptable proof of age document
- ☐ A copy of your Marriage Certificate, if applicable
- ☐ A copy of Divorce Papers or Separation Agreement, if applicable

Supplementary Forms, if applicable, are to be completed, signed and returned to the Plan Administration Office

- ☐ Declaration of Common-Law Relationship - Pages 10 - 11
- ☐ Waiver of Joint and Survivor Pension
- ☐ Request for Direct Deposit of Pension Benefit Payments
- ☐ Certificate of Authorized Legal and/or Financial Advice
- ☐ Federal - Personal Tax Credits Return Form
- ☐ Provincial - Personal Tax Credits Return Form

Note: All forms required constitute your Retirement Application



Carpenters Local 18 Benefit Plans

Plan Administration Office: 2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

Phone: 905-946-9700 | 1-800-263-3564

Email: info@local18benefits.ca

Fax: 905-946-2535

Website: www.local18benefits.ca

APPLICATION FOR RETIREMENT

MEMBER'S PERSONAL INFORMATION

Name: _____ SIN: _____

Address: _____

City and Province: _____ Postal Code: _____

Tel No: _____ Email Address: _____

Joined Local 18 Date: _____ Date of Birth: _____

My Last Date of Employment with a Contributing Employer will be _____

My Last Employer before my retirement will be _____

PLEASE INDICATE YOUR ELECTION

☐

I wish to begin receiving my pension effective with my Normal Retirement Date

☐

I wish to begin receiving my pension effective _____ The date cannot be before the first of the month following receipt of the completed Application. Retroactive payments are not permitted.

☐

I wish to postpone receiving my pension until _____ (insert approximate date of future retirement - may be changed by contacting the Plan Administration Office)

MARITAL STATUS (please check all applicable):

☐

Married Date of Marriage _____

☐

Cohabiting in a marriage-like relationship for _____ years (attach a Statutory Declaration of Common-Law

Relationship)

☐

Widowed

☐

Single

☐

Divorced or Separated and my Former Spouse is (please check one. Options continue on next page):

☐

Entitled to a portion of my Pension Benefit (attach a copy of the Divorce Order or written Separation Agreement). The name and address of your former Spouse should be shown below.

Carpenters Local 18 Pension Plan - Retirement Application

☐ Entitled to a portion of my Pension Benefit, but I am unable to locate my former Spouse (**attach a copy of the Divorce Order or written Separation Agreement**)

☐ Not entitled to a portion of my Pension Benefit (**attach a copy of the Divorce Order or written Separation Agreement**)

Please note that the Pension Plan may require the Former Spouse to complete a Waiver of Joint and Survivor Pension prescribed in legislation.

PERSONAL INFORMATION ABOUT THE CURRENT SPOUSE OF THE MEMBER

Name: _____ SIN: _____

Address: _____

City and Province: _____ Postal Code: _____

Tel No: _____ Email Address: _____

Date of Birth: _____ **Please attach a copy of your (the spouse) Birth Certificate.**

I am the Spouse of the Member described above. I hereby consent to the use of my Personal Information for record-keeping, reporting and plan administration purposes.

Spouse's Signature

Date

INFORMATION ABOUT FORMER SPOUSE

Name: _____ SIN: _____

Address: _____

City and Province: _____ Postal Code: _____

Tel No: _____ Email Address: _____

Privacy Statement: I authorize the Carpenters Local 18 Pension Plan, their administrator Employee Benefit Plan Services Limited, and providers working with the Plan or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plan. Personal information will be protected pursuant to the applicable legislation. The Plan may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, institutions, insurers, investigative agencies, legal counsel, other plans or unions, regulators, re-insurers, Plan administrators) in order to manage the Plan and entitlement to the benefits of the Plan, and may include financial related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.

CONFIRMATION OF BENEFICIARY FORM

Caution: Your confirmation of Beneficiary by means of this Form will not be revoked or changed automatically by any event, including a future marriage or divorce. Should you wish to change your Beneficiary for any reason, you must do so by means of a new Confirmation of Beneficiary Form. This Form is only for the purpose of designating a pension Beneficiary for a Retired Member.

I, _____, hereby confirm that the Beneficiary appointed by me to receive any Pension payments falling due after my death is:

BENEFICIARY INFORMATION INCLUDING PERSONAL INFORMATION OF THE BENEFICIARY

Beneficiary Name: _____ Date of Birth: _____

Address: _____

City/Province: _____ Postal Code: _____

Tel No: _____ Email Address: _____

Relationship to Member: _____

If my Beneficiary predeceases me and no other has been appointed, such proceeds shall be payable to my Estate. I hereby consent to the use of my Personal Information for record-keeping, reporting and Plan administration purposes.

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CERTIFICATE OF AUTHORIZED UNION REPRESENTATIVE

(PLAN MEMBER’S NAME)

The undersigned certifies that:

The Plan Member named above is a Member of Carpenters Local 18 (“the Union”)

from _____ to _____
(latest Initiation date) (last date as a Member in Good Standing)

as at _____ (date) the Plan Member is in Good Standing in the Union: **Yes** ☐ **No** ☐

This document is being provided to the Plan Administration Office as the Member has applied for a Retirement Benefit from the Carpenters Local 18 Pension Plan. Carpenters Local Union 18 Office will advise the Plan Administration Office if there is a change in the Plan Members’ status with the Union at any time.

Signature of Union Authorized Representative: _____

Name of Union Authorized Representative (print): _____

Date: _____

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APPLICANT'S STATEMENT OF MARITAL STATUS (ONTARIO)

(Print Plan Member's Name)

Under the *Ontario Pension Benefits Act*, "Spouse" means either of two persons 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 parents of a child as set out in section 4 of the *Children's Law Reform Act*;

or shall mean such other definition as prescribed in the *Ontario Pension Benefits Act* as amended from time to time.

I, _____ (please print), the undersigned Applicant, hereby certify for the purposes of the Carpenters Local 18 Pension Plan that, as of the date of my retirement under the Plan,

☐ I do have a Spouse, as defined by the *Ontario Pension Benefits Act*;

☐ I do not have a Spouse, as defined by the *Ontario Pension Benefits Act*;

☐ I do have an ex-spouse or ex-spouses (if so, please attach a copy of your Divorce/Separation Agreement(s)).

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

Any person entitled to a Pension benefit, or the designated agent of that person, is permitted to examine the Plan documents.

Member's Signature

Date

Witness to Member's Signature

Date

Name of Witness (Print)

Email of Witness

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REQUEST FOR DIRECT DEPOSIT OF PENSION BENEFIT PAYMENTS

MEMBER'S PERSONAL INFORMATION

Name: _____

Email Address: _____

➤ **PLEASE ATTACH A SAMPLE PERSONALIZED DEPOSIT SLIP OR CHEQUE MARKED "VOID"**

Deposit to (Name of Financial Institution): _____

Address of Branch: _____

Bank Number

Transit Number

Account Number

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plan Administration Office.

I consent to the collection, use and disclosure of my personal information ☐ **YES** ☐ **NO**

Member's Signature

Date

Witness to Member's Signature

Date

Name of Witness (Print)

Email of Witness

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RELEASE AND INDEMNITY

The Carpenters' Local 18 Pension Plan shall be fully indemnified, *including by my estate*, in the event any person receives a pension benefit that such person is not entitled to receive. This indemnification extends to and includes payment of all interest, reasonable legal, auditing, administrative and other charges in recovering the same.

Section 1: Member (you must complete and sign this section)

Member's Name (please print): _____

Member's Signature: _____ Date: _____

Name of Witness to Member's Signature: _____

Witness' Address: _____

Witness' Telephone Number: _____

Witness' Signature: _____ Date: _____

Section 2: Spouse (to be completed by Member's Spouse if entitled to a Joint and Survivor Pension)

Spouse's Name (please print): _____

Spouse's Signature: _____ Date: _____

Name of Witness to Spouse's Signature: _____

Witness' Address: _____

Witness' Telephone Number: _____

Witness' Signature: _____ Date: _____

Please complete the privacy section on the next page

Section 3: Privacy Statement (Member must complete and sign this section)

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plan Administration Office.

I consent to the collection, use and disclosure of my personal information YES NO

Member's Name (please print): _____

Member's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name (print): _____ Witness Email: _____

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RETIRED MEMBER'S AUTHORIZATION TO DISCLOSE INFORMATION

Retired Member Name: _____

Retirement Date: _____

Dear Retired Member,

Occasionally, the Carpenters Local Union 18 Office requests information from the Plan regarding Retired Members. This information is then used for newsletters issued to Union Members, for example, which Members retired during the year.

The Plan requires your authorization to provide your information regarding your retirement date to the Carpenters Local Union 18 Office. If you provide authorization, the Plan will provide your name and retirement date to the Carpenters Local Union 18 Office if they request it. **Please note that the information released to the Carpenters Local Union 18 Office will not include your address, date of birth, or pension amount.**

Please note, if contributions to the Plan are due in respect of work you have done, relevant information may be provided to the Carpenters Local Union 18 Office, particularly if an employer has not remitted on time or accurately.

If you do not provide your authorization below or respond to this package, the Plans will not provide information to the Carpenters Local Union 18 Office regarding your retirement.

Please do not hesitate to contact the Plan Administration Office if you have any questions regarding this information.

AUTHORIZATION TO RELEASE INFORMATION

I _____ have read the information above and

☐

do

☐

do not

authorize the Carpenters' Local 18 Pension Plan to provide the Carpenters Local Union 18 Office with my name and the date of my retirement.

Signature of Member

Date

Name of Witness (Print)

Email of Witness

Signature of Witness

Date

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DECLARATION OF COMMON-LAW SPOUSE**MEMBER'S PERSONAL INFORMATION**

Name: _____

Address: _____

City and Province: _____ Postal Code: _____

Tel No: _____ Email Address: _____

I, _____, the above-named and undersigned, solemnly declare that I have

lived with _____, in a conjugal relationship from _____

to the present time at _____
(address)**There are children of the common-law relationship by birth or adoption (check one)**Yes ☐ No ☐

If yes, please provide the following information on each child:

First Name	Legal Last Name	Date of Birth

My Common-law spouse and I: (check Yes or No to all)

Have jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live or have lived	Yes ☐	No ☐
Jointly own property other than our place of residence	Yes ☐	No ☐
Have a joint bank, trust credit union or charge card accounts	Yes ☐	No ☐
Have declared each other as Spouses on federal income tax returns	Yes ☐	No ☐

I have life insurance which names my common-law Spouse as the beneficiaryYes ☐ No ☐**My common-law Spouse has their own life insurance that names me as the beneficiary**Yes ☐ No ☐

If none of the above apply, please provide other evidence that would support your conjugal relationship as common-law Spouses.

COMMON-LAW SPOUSE SECTION

I, _____, solemnly declare that I have lived with _____,
(name of common-law Spouse) (name of Member)
in a conjugal relationship from _____ to the present time
at _____.
(address)

PRIVACY SECTION

I hereby consent to the use of my Personal Information for record-keeping, reporting and Plan administration purposes.

Signature of Member

Date

I hereby consent to the use of my Personal Information for record-keeping, reporting and Plan administration purposes.

Signature of Common-Law Spouse

Date

Name of Witness (Print)

Email of Witness

Signature of Witness

Date

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