

Teamsters' National Pension Plan (the Plan)

1610 Kebet Way, Port Coquitlam BC V3C 5W9
Phone: 604.552.2650 Toll-Free: 1-888-478-8111 Fax : 604.552.2653

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	
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	GENDER (Male/Female)	DATE OF BIRTH (Day, Month, Year)	
EMAIL ADDRESS		DATE OF EMPLOYMENT (Day, Month, Year)	

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 they survive you.

Members of the Teamsters' National Pension Plan fall under either British Columbia Pension Legislation or Federal Pension Legislation

British Columbia, you have a Spouse if there is a person in relation to you who meets the following description:

- (a) they
 - (i) are married to each other, and
 - (ii) have not been living separate and apart from each other for a continuous period longer than 2 years
- (b) they have been living with each other in a marriage-like relationship for a period of at least 2 years immediately preceding the date.

Federal, you have a Spouse if there is a person in relation to you who meets the following description:

- (c) if there is no person described in (b) below, is married to you or is party to a void marriage with you; or
- (d) has been cohabiting with you in a conjugal relationship for at least one year.

I hereby certify that I have read the above definitions or contacted the Plan Office 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:

Last Name: _____ First Name: _____		Spouse's Social Insurance Number	Spouse's Date of Birth (Day, Month, Year)
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Spouse Email: _____ Spouse Telephone: _____

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

3. CONTINGENT 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)	DATE OF BIRTH (Day, Month, Year)	S.I.N.	TELEPHONE	EMAIL	PERCENT
					%
					%
					%
					%

☞ 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: _____

Please provide contact information for the Trustee on a separate sheet.

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 Office.

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. APPLICATION FOR ENROLMENT

I, the undersigned, hereby:

- apply to be enrolled as a Member of the Teamsters' National Pension Plan,
- certify that the information provided on this form is correct,
- consent to the collection, use and disclosure of my personal information by the Plan Office (or its authorized agent) for the purpose of administering the Pension Plan and the benefits that may be conferred on Members of the Pension Plan,
- agree to be bound by all the terms and conditions of the Pension Plan,
- agree to promptly update the Plan Office on any changes to the status of a Spouse or beneficiary, and
- agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Plan Office on any change to the status of a Spouse or beneficiary.

SIGNATURE OF APPLICANT

SIGNATURE OF WITNESS

NAME OF APPLICANT (please print)

NAME OF WITNESS (please print)

DATE

DATE

PLEASE SUBMIT COMPLETED FORM TO THE PLAN OFFICE:

Teamsters' National Pension Plan

1610 Kebet Way

Port Coquitlam, BC V3C 5W9

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