



## CARPENTERS' LOCAL 18 PENSION PLAN MEMBER INFORMATION FORM

Please fill out this form completely. The information provided on this form will replace information provided on all earlier Application cards or enrolment forms. You must notify us of any changes to the information below.

### MEMBER'S PERSONAL INFORMATION

Legal Name: \_\_\_\_\_ SIN: \_\_\_\_\_  
Last Name Given Names

Address: \_\_\_\_\_  
Number/Street City Province Postal Code

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
mm/dd/yyyy

Gender: ☐ Male ☐ Female ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Common-Law ☐ Separated \_\_\_\_\_ ☐ Divorced ☐ Widowed  
Date of Separation

### MARITAL STATUS

If you are married, please provide the date of marriage: \_\_\_\_\_

If you are in a Common-Law relationship, please complete the following statement:

I do hereby declare that \_\_\_\_\_ (spouse's name - please print) is my Common Law Spouse with whom I have been cohabitating since: \_\_\_\_\_ (date cohabitation commenced) and whom I publicly represent as my Spouse.

Please indicate your Marital Status

This signature is only required if the member is in a Common-Law relationship.

The person(s) named as your Pension beneficiary will be the recipient of any remaining pension benefit Upon your death (depending on the option you select when you retire).

Please see the pension booklet on the website for details.

The person named as a Trustee will receive any benefits payable on behalf of your beneficiary(ies), if they are under the age of majority at the time of your death (not applicable in Quebec).

This form requires a witness who is not your spouse or beneficiary to sign where indicated.

Member's Signature: \_\_\_\_\_

### PENSION PLAN BENEFICIARY - CARPENTERS LOCAL 18 PENSION TRUST FUND

Pension Plan Registration Number: 0368068

First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check this box if the above name is an irrevocable beneficiary ☐ If the above beneficiary(ies) predeceases me, my contingent beneficiary is:

Full Name	Relationship	Phone	Email
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If your original and contingent beneficiary(ies) predecease you and no new beneficiaries have been appointed, benefits payable are paid to your Estate. In the event of your death, prior to your retirement, your spouse (or common-law spouse if cohabitated for 3 years) is automatically the first person eligible to receive a pension benefit unless a spousal waiver is on file, no matter who you designate as a beneficiary. Your beneficiary will become eligible for benefits only if you do not have a spouse on your date of death.

Caution: Your designation of a beneficiary by means of the Member Information Form will not be revoked or changed automatically by any future event (including marriage or divorce) unless required by law or regulation. Should you wish to change your beneficiary, you must do so by completing a new Member Information Form.

### APPOINTMENT OF TRUSTEE - FOR MINOR CHILDREN

I hereby appoint the person listed below as a Trustee to receive any amount(s) payable to any beneficiary under the Age of Majority

First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CONSENT AND COMPLETION

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.

Signature and Consent: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name (Print): \_\_\_\_\_

**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.

**COMPLETE AND RETURN TO THE PLAN ADMINISTRATION OFFICE**

45 McIntosh Drive, Markham, ON L3R 8C7

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