

THE SASKATCHEWAN PIPING INDUSTRY PENSION PLAN
Fund 6802 (Registration No. 0368290)

APPLICATION FOR
RETIREMENT

Section A Personal Information:

Member's Last Name	First	Middle	Social Insurance Number		
Date of Birth (day/month/year)		Phone Number	Name of Last Employer		Last Date Employed (day/mth/yr)
Home Address		City/Town	Province	Postal Code	

Section B Spousal Declaration (see over for Definition of Spouse):

I hereby certify for purposes of this Plan as of the date of this Application (select one): I do have a spouse I do not have a spouse

Spouse's Last Name	First	Date of Birth (day/month/year)	Social Insurance Number		
Date of Marriage/Cohabitation	Marital status on retirement date:		Spouse's Home Address: Same as above , or		
	Single	Separated	Living Common Law		
	Married	Divorced	Widowed		

I hereby certify for purposes of this Plan: I do have a former spouse - Date of Separation: _____
If so, is there a Court Order or Separation Agreement affecting your pension? Yes No
Please ensure that you put an "X" in the correct box. If Yes, attach copy to this Application.
I do not have a former spouse

Section C Beneficiary Information (see over for more details on whom to select):

I hereby revoke any previous beneficiary designation made by me and request that any amount due on or after my death and the death of my Spouse, if any, be paid instead to the following Beneficiary:

Name(s) of Beneficiary	Relationship
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I understand that my Beneficiary or Beneficiaries may be changed at any time. I further understand that any pre-retirement death benefit must first be paid to my Spouse as required by the Plan and government legislation and second to my Beneficiary.

Section D Retirement Date and Member's Signature:

Retirement Date - The effective date on which you wish your monthly pension to start: Retirement Date (day/mth/year)

By signing below, you consent to the release to the Trustees of The Saskatchewan Piping Industry Pension Plan and their appointed agents/administrators of any personal information requested in respect of this Application for the purposes of administration of the Plan; that the Beneficiary designated above replaces any previous designation that I may have made; you confirm that the above information is complete and accurate; and that you wish your pension to start on the date specified above.

Signature of Member Date (day/month/year)

Section E Union Certification (to be completed by authorized Union official):

I hereby certify the following regarding the above-noted applicant's membership status in UA Local _____: Initiation Date (day/month/year)

Has member been in good-standing continuously from the Date of Initiation? Yes No

If "No", indicate Dates of Termination and Reinstatement: Termination Date (day/month/year) Reinstatement Date (day/mth/yr)

Signature of Authorized Union official
Name (Printed) Title Date (day/month/year)

SEE OTHER SIDE OF FORM FOR INSTRUCTIONS, INCLUDING A LIST OF ALL DOCUMENTS THAT MUST BE ATTACHED TO THIS APPLICATION.

INSTRUCTIONS TO APPLICANT:

Documents Required - Attach to this Application:

- Photocopy of your birth or baptismal certificate
- Photocopy of your Spouse's birth or baptismal certificate (if applicable)

Note: If these are not available then provide photocopies of any two of the following: Driver's Licence, Passport, Citizenship papers.

- Photocopy of your marriage certificate (if applicable)
- If you certified that you have a Former Spouse and that there is an agreement affecting your pension, provide a photocopy of the applicable Court Order or Separation Agreement.

Retirement Qualifications - You may elect to retire and choose to have your pension start at any time between age 55 and the end of the year in which you reach age 71. If you retire before age 65, your pension would be reduced for each month of retirement prior to your Normal Retirement Date (Age 65).

Normal Form of Pension - If you have a Spouse at retirement, your normal pension is payable for as long as you live and then after your death 60% of your pension continues to be paid to your Spouse (50% if you retired prior to January 1, 2014) for as long as your Spouse lives thereafter. If you do not have a Spouse at retirement, your normal pension is guaranteed for 120 monthly payments and then is payable to you for as long as you live thereafter.

Optional Forms of Pension - You will receive a Retirement Option Statement from the Plan's administrator which will provide you with the actual amount of your pension and give you the opportunity to choose a different form of pension of equal value that you may find more suitable to you than the Normal Form of Pension.

Designation of your Beneficiary – Any death benefit payment resulting from death before retirement would normally be first payable to your Spouse as required by law. If you have a Spouse at retirement, you must choose a pension that provides a survivor pension to your spouse that would be payable after your death. No payments would be made to your Beneficiary. If you do not have a Spouse at retirement, you may choose a form of pension that provides a guarantee of a minimum number of pension payments. In that case, you may designate any person or your Estate to receive any remaining guaranteed payments after your death. If you do not designate a Beneficiary, any remaining payments would be payable to your Estate.

Definition of Spouse - To qualify for any spousal benefits under the Plan, the spouse must be in relation to a member:

- (a) a person who is married to the member, or
- (b) if a member is not married, a person with whom the member is cohabiting as spouses at the relevant time and who has been cohabiting continuously with the member as his or her spouse for at least one year prior to the relevant time.

Return Instructions – Send completed Application and required documents to:

Global Benefits
88 St. Regis Crescent South
Toronto, Ontario
M3J 1Y8

Tel: (416) 635-6000
Fax: (416) 635-6464

**THE SASKATCHEWAN PIPING INDUSTRY
PENSION PLAN**

**VOLUNTARY REQUEST FOR PENSION BENEFIT PAYMENT
BY DIRECT DEPOSIT (EFT)**

Name:		
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Address:		
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Social Insurance Number:		
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Bank or Financial Institution:		
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Branch Number	Transfer Number	Account Number
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<p>PLEASE ATTACH A SAMPLE PERSONALIZED CHEQUE OR DEPOSIT SLIP WITH "VOID" WRITTEN ACROSS THE FACE OF IT.</p> <hr/>		
<p>THE TRUSTEES OF THE SASKATCHEWAN PIPING INDUSTRY PENSION PLAN ARE HEREBY AUTHORIZED AND REQUESTED TO CREDIT PAYMENTS DUE ME FROM THE PLAN DIRECTLY TO MY ACCOUNT BY ELECTRONIC FUNDS TRANSFER, IN STRICT ACCORDANCE WITH THE ABOVE INSTRUCTIONS.</p>		
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Signature		Date

NOTE: PLEASE PRINT ALL REQUESTED INFORMATION

SASKATCHEWAN PIPING INDUSTRY PENSION TRUST FUND

Dear Trustees:

AUTHORIZATION FOR UNION DUES DEDUCTION

I _____, the undersigned hereby AUTHORIZE
(Please Print Clearly)
the Administrator of Saskatchewan Piping Industry Pension Trust to deduct from my monthly pension benefit payment the amount of \$..... monthly membership dues and to remit amounts deducted, monthly, to the Financial Secretary of Local Union 179 no later than three (3) weeks from the date of the deduction.

I further authorize the Local Union to advise the Administrator of Saskatchewan Piping Industry Pension Trust from time to time of changes to the amount of monthly union dues deducted.

Signature of Authorized
Local Union Official

Date

Signature of Member

CERTIFICATION BY AUTHORIZED OFFICAL OF UNION

This is to certify that the above-named person is a member of Local Union 179 of the United Association of Plumbers and Pipefitters. This member has signed and deposited with our office this Declaration of Retirement.

Date

Signature of Official

Title

c.c.

Local Union Records
Retired Member

SASKATCHEWAN PIPING INDUSTRY HEALTH & WELFARE
TRUST FUND

Authorization for Health & Welfare deduction for Retiree Coverage

I, _____, am a member in good standing with U.A. LOCAL 179 and hereby Authorize the Administrator of Saskatchewan Piping Industry Pension Plan to deduct from my monthly pension benefit payment the amount of \$150.00 for the Health and Welfare coverage and to remit the amount deducted, monthly to the Health and Welfare Plan.

_____ SIGNATURE OF MEMBER	_____ SOCIAL INSURANCE #	_____ DATE
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CERTIFICATION BY AN AUTHORIZED OFFICAL OF LOCAL
UNION 179

This is to certify that the above-named person is a member in good Standing with U.A. Local 179 union.

_____ SIGNATURE OF OFFICIAL	_____ TITLE	_____ DATE
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