

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

**APPLICATION FOR  
TERMINATION**

**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 termination date:	Spouse's Home Address:	Same as above <input type="checkbox"/> , or
____ ____ ____	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Living Common Law <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	_____	_____

I hereby certify for purposes of this Plan:  I do have a former spouse - Date of Separation/Divorce: \_\_\_\_\_ (day/mth/year)  
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
_____	_____

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 Termination Date and Member's Signature:**

Plan Termination Date - the date on which you wish your Plan membership to terminate: \_\_\_\_\_ Termination 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 Plan termination to be effective 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 the Union: \_\_\_\_\_ 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/mth/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.

### **Termination Qualifications** - Termination of membership in the Plan occurs

- (a) in the case of a Union member, on the date of termination in the Union or, at the member's option, at the end of two consecutive calendar years during which less than 350 hours in total were contributed to the Plan on the member's behalf by any employer; or
- (b) in all other cases, at the end of two consecutive calendar years during which less than 350 hours in total were contributed to the Plan on the member's behalf by any employer.

**Election Statement** - You will receive an Election of Benefit on Termination of Membership from the Plan's administrator which will provide you with the actual amount of any pension that you may be entitled to under the Plan as well as outline all of the options available to you including the opportunity to transfer out your entitlement.

**Designation of your Beneficiary** - Note that after your death any pre-retirement death benefit payment would normally be first payable to your Spouse as required by law. You may designate any person or your Estate as your beneficiary and that person would receive any death benefit that is not required to be paid to your Spouse. If your Spouse has died before you, your designated Beneficiary would receive any death benefit payment. The Beneficiary that you designate on this Application only applies or comes into effect after your death if you do not have a Spouse. If you do not designate a Beneficiary and you do not have a Spouse, any death benefit would be paid 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  
191 The West Mall Suite 901  
Etobicoke, Ontario  
M9C 5K8

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