

SPRINKLER INDUSTRY PENSION PLAN
Fund 6102 (Registration No. 0230193)

**APPLICATION FOR
RETIREMENT**

Section A Personal Information:

Members Last Name _____ First _____ Middle _____ UA Local _____ 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: Single Separated Living Common Law Married Divorced Widowed

Spouse's Home Address: _____ Same as above , or _____

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 _____

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 Sprinkler 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 (or age 50 with at least \$300 of contributions – no interest) and the end of the year in which you reach age 71 providing you have stopped working in the sprinkler industry. If you choose to retire before your normal retirement date (age 65), your pension would be reduced by up to 0.5% for each month of retirement before age 65. That reduction is applied from age 60 if you have at least \$300 of contributions or age 55 if you have at least \$2,000 of contributions, subject to other reductions required by law.

Normal Form of Pension - Your pension is payable for as long as you live, regardless of the payment option you choose. If you have a Spouse at retirement and your Spouse is still living with you at the time of your death, 66⅔% of the pension you were receiving will continue to be paid to that Spouse for life. If you do not have a Spouse at retirement, then at the time of your death if 120 monthly payments have not been paid, your pension will continue to be paid to your beneficiary until 120 payments have been made in total.

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, your Spouse must meet the requirements there for in accordance with the laws of the province of your residence. In general, this would be a person who

- (a) is married to you and is living with you on the date of your retirement, or
- (b) if there is no such person, is that person whom you are cohabiting with as a spouse on the date of your retirement and with whom you have been cohabiting continuously with as your spouse prior to your date of retirement for a minimum period of three years (two years for residents of British Columbia and New Brunswick). If you live in Manitoba, Nova Scotia or Newfoundland, the minimum period is one year if neither of you are married to someone else or three years if one of you is married to someone else.

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