



Dear Participant:

Attached please find an Application for Pension Benefits. Following are the instructions to complete the application. Please refer to them as you fill out the form.

General Information

Within ten days after the Pension Office receives your completed application, you will receive a letter of acknowledgement. If you do not receive an acknowledgement letter within two weeks of mailing the application, please contact the Fund Office to verify receipt. After your employment has been verified you will be notified of your eligibility.

Completing the Application

Please fill out the application thoroughly. It is advised that all sections are complete otherwise it may lead to slower processing of your pension application.

In order for your application to be processed, Section 11 or Section 12 must be completed with the requested documentation attached.

Section 11

If you are married and wish to receive your benefit in the form of the Joint and Survivor Option, please complete this section. You will need to attach a copy of your proof of age (birth certificate, baptism certificate, passport, citizenship certificate, or military service papers) and a copy of your Marriage Certificate.

Section 12

If you are not married or choose not to receive your benefits in the form of a Joint and Survivor you will need to complete this section. You will need to attach proof of age.

All documents sent in a foreign language must be accompanied by an English translation.

If you have any questions, please feel free to contact the Fund Office.

Sincerely yours,

GARY J. MEYERS
Fund Administrator

10. **ELECTION OF TEN YEAR GUARANTEE OPTION**

I, _____ do hereby elect to receive the 10 year certain option.
full name

1. I understand that under this Option my monthly benefit amount will be reduced so that if I die prior to receiving 120 monthly payments, my designated beneficiary will receive the balance of the 120 payments.
2. I understand that by electing this option I must reject the Joint and Survivor pension. (See Joint and Survivor Rejection section below)
3. I understand that I cannot revoke the election of this option after pension payments start.

signature

date

11. **JOINT AND SURVIVOR PENSION**

By law, if you have a spouse on the date your pension begins, your pension must be paid as a 60% Joint and Survivor benefit. This gives you a reduced monthly pension during your lifetime. Then, when you die, your spouse will receive 60% of the pension you were receiving, unless both you and your spouse reject this below. As an alternative option for an additional reduction on your monthly pension you may leave your spouse 75% or 100% of your monthly pension benefit.

- 1) I understand that my pension benefits will be paid as a 60% Joint and Survivor pension.
- 2) I elect to take the optional 75% Joint and Survivor pension.
- 3) I elect to take the optional 100% Joint and Survivor pension.

Spouse's full name

Spouse's Date of Birth

Spouse's S.I.N.

12. **JOINT AND SURVIVOR REJECTION STATEMENT**

I, _____ do not wish to receive my pension benefits in the form of a Joint and Survivor
Full Name

Pension. I understand that rejecting this form of pension means benefits, if any, will be paid to my spouse by the Pension Plan after my death based on the normal 60-month form of pension guarantee, unless I elect the 10 year guarantee option.

(Check one)

- I hereby swear that I am not legally married at this time.
- I hereby swear that the person co-signing this document below is my current legal spouse.

(Date)

(Employee's Signature)

I, _____ swear that I am the legal spouse of the employee described above. I hereby
Name

consent to my spouse's rejection of the Joint and Survivor Pension. I understand that as a result, benefits, if any, will be paid to me by the Pension Plan after my spouse's death based on the normal 60-month form of pension guarantee, unless I elect the 10 year guarantee option.

(Date)

(Spouse's Signature)

Non- relative witness

Date

An application must be submitted the month prior to the date when the pension is to begin, and must be made on this official form of the Pension Fund. Items 1 through 13 must be completed in full. If an item is not applicable indicate N/A. You must submit proof of age. If you are applying for a Joint and Survivor Pension you must submit proof of your spouse's age and marriage certificate. If a birth certificate is not available, you may submit a copy of: baptismal certificate by custodian; notification of registration of birth in a public registry of vital statistics; hospital birth record, certified by custodian of such records; document showing approval of Canada (Quebec) Pension Plan; foreign church or government record. You should receive an acknowledgement of receipt of this Pension application from the Fund Office. If you do not receive an acknowledgement within 10 business days from the day you mail the application, please notify the Fund Office. You will be advised in writing of the decision made by the Board of Trustees on your application. **Note: Documents sent in a foreign language must be accompanied with the English translation.**

13. I hereby apply for a pension from the International Painters and Allied Trades Industry Pension Fund (Canada). The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to because of a false statement.

Date

Signature of Applicant

Date

Signature of Witness