

CANADIAN BRICKLAYERS & ALLIED CRAFT UNIONS MEMBERS PENSION TRUST (CMPT)
REGISTRATION NUMBER 1063478

APPLICATION FOR RETIREMENT BENEFIT FORM (FOR CMPT AND IPF)

When you have completed and returned this form to Global Benefits you will then receive a Retirement Benefit Election Form which will provide you with various optional payment amounts available to you at your retirement date.

MEMBER'S Name: _____ SIN: ____/____/____
INFORMATION: (Last/Family) (First) (Second)

Address: _____ Date of Birth: ____/____/____
(Number & Street) (Apt #) (Day) (Month) (Year)

(City or Town) (Province) (Postal Code)

Tel. No: _____ Retirement Date: ____/____/____
(Day) (Month) (Year)

SEX & MARITAL STATUS: [] Male [] Female [] Single
[] Married [] Common Law
[] Separated [] Divorced [] Widower
SIN: ____/____/____
(Spouse's SIN Number)

Spouse Name: _____ Spouse
(Last/Family) (First) (Second) Date of Birth: ____/____/____
(Day) (Month) (Year)

IMPORTANT: 1) If, as the result of a prior marital breakdown, you have a Court Order or a Domestic Agreement which affects your Pension entitlement under the plan, please provide a copy.

2) If the above section is not applicable, please enter X in the following box [] NO

UNION
INFORMATION: Local Union Number _____

Initiation Reinstatement Union
Date: ____/____/____ Date: ____/____/____ Termination
(Day) (Month) (Year) (Day) (Month) (Year) (Day) (Month) (Year)

EMPLOYER Last Last Date of
INFORMATION: Employer: _____ Employment: ____/____/____
(Day) (Month) (Year)

Member Signature: _____ Date: ____/____/____
(Day) (Month) (Year)

INSTRUCTIONS:

Please provide a copy of the following as indicated:

- [] Copy of Member's Birth Certificate [] Copy of Marriage Certificate [] Spouse's Social Insurance No
[] Copy of Spouse's Birth Certificate [] Union Membership Card (both sides)

and mail to:

Agent/

Administrator:

Global Benefit Plan Consultants

88 St. Regis Crescent S. Toronto, Ontario M3J 1Y8

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

Please complete the other side of this Form if you are applying for your pension from IPF

INTERNATIONAL PENSION FUND (IPF)
Please Complete this form to determine Past Service eligibility
EMPLOYMENT HISTORY PRIOR TO CONTRIBUTION DATE
(to be completed by member and the Union)

Name of Member _____

Date contributions to this Pension Fund were first made on your behalf _____
 Month Year

(A) Date you first started working in employment covered by a BAC agreement

 Month Day Year

(B) To be eligible for past service credit, you must have worked 600 hours each in any two of the three calendar years immediately prior to your contribution date. List the number of hours you were employed in covered employment during the three years prior to the year in which contributions were first made on your behalf to the Fund:

<u>Year</u>	<u>Hours</u>
_____	_____
_____	_____
_____	_____

 Member Signature

 DATE

(C) Union Certification (to be completed by Union Office):

I hereby certify that the above information is correct to my knowledge. The member was initiated on _____ and has been in good standing continuously to _____
 (Date of Initiation) (date)

OR

The member was expelled or dropped on _____ and he was re-initiated/reinstated on _____
 (date) (date)

 Business Manager's Signature

 DATE

DECLARATION OF MARITAL STATUS
(Please complete both Section 1 and Section 2)

SECTION 1

A. I, _____, hereby certify for the purposes of the Canadian Bricklayers and Allied Craft Unions Members Pension Trust (CMPT), as of the date of my application under the Plan.

I do have a spouse I do not have a spouse.

"Spouse" means a person of the opposite sex who:

- (i) is legally married, if the Member is not living separate and apart from that person;
- (ii) is not legally married but the Member and that person are cohabiting continuously in a conjugal relationship for at least 3 years; or
- (ii) is not legally married but the Member and that person are cohabiting in a conjugal relationship of some permanence and are jointly the natural or adoptive parents of a child, both as defined in the Family Law Act, 1986 of Ontario.

except that if the above definition differs from the definition of Spouse in other applicable Pension Legislation, such other definition will take precedence.

B. My spouse's name is: _____

C. My spouse's date of birth is: _____ Date of Marriage/Co-habitation: _____

SECTION 2

A. I, _____, hereby certify for the purposes of the Canadian Bricklayers and Allied Craft Unions Members Pension Trust (CMPT).

I do have a former spouse. Date of Separation/Divorce: _____

do not have a former spouse.

Is there a Court Order or Domestic Agreement affecting your pension?

Please ensure that you put X in correct box YES NO

If yes, please send a copy of the document.

Witness Signature

Member Signature

Witness Name (please print)

Date Both Member & Witness Sign

Witness Name, Address & Telephone No. (including area code)

Please note that you may be committing a crime, if you have a Court Order or Domestic Agreement affecting your pension and you do not notify us of it.

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