



Pile Drivers, Divers, Bridge, Dock & Wharf Builders Pension Plan

PO Box 24715, Stn. F, Vancouver, BC V5N 5T8

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APPLICATION FOR ENROLMENT

1. APPLICANT DATA			
NAME (surname, given name & initials)		SOCIAL INSURANCE NUMBER	
ADDRESS			
ADDRESS CONT'D		POSTAL CODE	
GENDER (M) (F)	DATE OF BIRTH (day/month/year)		
2. MARITAL STATUS DECLARATION			
<p><i>The Pile Drivers, Divers, Bridge, Dock & Wharf Pension Plan defines "Spouse" of a Member as follows:</i></p> <p>(i) a person who at the relevant time was married to the Member, and had not been living separate and apart from the member for a continuous period longer than the 2 year period immediately preceding the relevant time, or</p> <p>(ii) a person who at the relevant time had been living with the Member in a marriage-like relationship for a period of at least 2 years immediately preceding the relevant time.</p> <p><i>The person who is your Spouse has important rights under the Pension Plan. If you die before you withdraw your benefits from the Pension Plan, your Spouse may be entitled to a death benefit. If on your pension commencement date you have a Spouse your pension may have to be paid in a Joint and Survivor form which will give your Spouse a survivor pension if he/she survives you.</i></p> <p>I hereby certify that I have read the above definition and that as of the date of this declaration: (PLEASE CHECK ONE)</p> <p><input type="checkbox"/> I do not have a Spouse</p> <p><input type="checkbox"/> I have a Spouse, whose name and birthdate is as follows:</p>			
Last Name: _____ First Name: _____		Spouse's S.I.N.	Spouse's Date of Birth
IF MY MARITAL STATUS CHANGES IN THE FUTURE, I UNDERSTAND I MUST NOTIFY THE BOARD OF TRUSTEES OF THE PENSION PLAN OR THE PLAN ADMINISTRATOR OF THIS CHANGE.			
3. BENEFICIARY DESIGNATION <i>(Please complete this Section even if Section 2 is completed)</i>			
<p><i>This designation applies if you die before you withdraw your benefits from the Pension Plan. If you have a Spouse (as defined in Section 2 above) on your date of death, the British Columbia Pension Benefits Standards Act requires that the death benefit be paid to your Spouse, unless a valid written waiver is completed by the Spouse. If you do not have a Spouse, or your Spouse signs a waiver, the death benefit will be paid to the beneficiary set out below. If on your date of death you have a former Spouse, he or she may have an interest pursuant to matrimonial property legislation in all or part of the death benefit. This interest may override, in whole or in part, your beneficiary designation.</i></p> <p>If I die before I withdraw the benefits that are owing to me under the Pension Plan, I designate the following individual as my beneficiary, and revoke any prior designation I have made:</p>			
Name (Last, First, Initial)	Relationship	Percent	Important Notes
		%	☞ If you name <u>more than one</u>
		%	beneficiary, show percentages .
		%	☞ If beneficiary is a minor, name
		%	a Trustee on his/her behalf.
<p>If sufficient space is not available on this form for the beneficiary designation desired, check here <input type="checkbox"/></p> <p>and complete a separate sheet to be attached to this form. The attachment should also be signed and dated.</p>			

4. COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The collection, use and disclosure of personal information relating to an individual by the Board of Trustees of the Pension Plan during the course of an individual's participation in the Pension Plan is for the purpose of administering the Pension Plan and the benefits that are conferred on members of the Pension Plan. The collection, use and disclosure of personal information about individual members of the Pension Plan will be done in a manner that is reasonable. Furthermore, the Board of Trustees of the Pension Plan will make reasonable security arrangements to prevent any unauthorized access, collection, use, disclosure, copying, modification or disposal of personal information about individual members of the Pension Plan.

5. APPLICATION FOR ENROLMENT

The undersigned hereby:

- (a) confirms that I am a member in good standing of the Pile Drivers, Divers, Bridge, Dock & Wharf Builders Local 2404,
- (b) applies to be enrolled as a Member of the Pile Drivers, Divers, Bridge, Dock & Wharf Builders Pension Plan,
- (c) certifies that the information provided on this form is correct,
- (d) consents to the collection, use and disclosure of personal information about myself by the Board of Trustees of the Pension Plan for the purpose of administering the Pension Plan and the benefits that may be conferred on members of the Pension Plan;
- (e) agrees to be bound by all the terms and conditions of the Pension Plan.

SIGNATURE OF APPLICANT

NAME OF APPLICANT (please print)

DATE

**PLEASE SUBMIT COMPLETED FORM
to the Plan office at the address shown on Page 1**