

UA Local 740 Pension Trust Fund

APPLICATION FOR PENSION BENEFITS

SECTION 1 - TO BE COMPLETED BY THE APPLICANT - see reverse for instructions prior to completing

Member's Last Name	First Name	Member's Social Insurance Number
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Address	City/Town	Province	Postal Code
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Home Telephone # ()	Date of Birth Day Month Year	Marital Status (see reverse side) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Same Sex Partner	Date of Marriage or Cohabitation Day Month Year
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Spouse's Name	Date of Birth Day Month Year	Spouse's Social Insurance Number
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Last contributing employer	Date last worked for a contributing employer
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By signing below, my spouse and I are authorizing the use of our Social Insurance Numbers (SIN) for tax reporting, identification and processing of our pension benefit(s).

Members Signature	Spouse's Signature	Date
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This Application is hereby being made for the following type of benefit:

<input type="checkbox"/> Retirement Benefits Type of Retirement: <input type="checkbox"/> Normal <input type="checkbox"/> Early <input type="checkbox"/> Postponed	Date of Retirement: _____ (Day, Month, Year)
<input type="checkbox"/> Termination Benefits	Date of Termination: _____ (Day, Month, Year)
<input type="checkbox"/> Death Benefits	Date of Death: _____ (Day, Month, Year)

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief, I understand that Manion, Wilkins & Associates Ltd. Will use the information provided by me on this application form strictly to process my pension benefits. I hereby authorize the information on this form to be released to my Union, Employer and the Board of Trustees of this pension trust fund for the purpose of approving and verifying payment of pension benefits. A photocopy of this release shall be as valid as the original.

Applicant's Signature	Date
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Name of Applicant (if not member)	SIN of Applicant (if not member)
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SECTION 2 - TO BE COMPLETED BY UNION REPRESENTATIVE

This is to certify that the above noted member's status with the Union is as follows:

<input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion <input type="checkbox"/> Other _____	<input type="checkbox"/> Good Standing <input type="checkbox"/> Not in Good Standing due to: _____
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According to Union Records:	Date
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This member originally joined UA Local No. _____ on _____

Expelled from UA Local Union No. _____ on _____

Reinstated to UA Local Union No. _____ on _____

Transferred from above Local to Local No. _____ on _____

Union Representative's Signature	Date
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INSTRUCTIONS FOR COMPLETION

- a) A PHOTOCOPY OF THE MEMBER'S AND THE CURRENT SPOUSE'S* (if applicable) PROOF OF AGE MUST ACCOMPANY THE APPLICATION IN ALL CASES. Following is a list arranged in order of preference. If you cannot provide one of the following, contact the administrator.
- > Birth Certificate issued by government authority.
 - > Citizenship papers, immigration papers, military record or passport that shows date of birth.
 - > Driver's Licence with picture that shows date of birth.
- b) A PHOTOCOY OF THE MEMBER'S Marriage Certificate, Divorce Decree or Legal Separation Agreement must also be provided (if applicable).
- c) APPLICATION FOR DEATH BENEFITS must be accompanied by an original Death Certificate or original Funeral Director's Statement or completed Attending Physician's Statement. Also, required is a Marriage Certificate (where applicable), and the spouse's or the beneficiary's social insurance number and proof of age, and Notarized copy of a Will (if available).
- d) **SECTION 1** is to be completed by the Applicant, and **SECTION 2** is to be completed by a Union Representative.
- e) The completed Application for Pension Benefits form along with any required documents must be sent to the administrator at the following address:

UA Local 740 Benefit Trust Funds
P.O. Box 156
Mount Pearl, NL A1N 2C2
Phone: 709-747-3198
Fax: 709-747-2335

* A common-law spouse or same sex partner may qualify as a "spous" for the purpose of receiving benefits from your Pension Plan if:

Your common-law spouse is a person of the opposite sex or your same sex partner is a person of the same sex with whom you have been living in a manner characteristic of a legally married couple:

- a) for a period of not less than one year, if you are legally able to marry; or
- b) for a perion of not less than three years, if you are not legally able to marry.

If you do not have a common-law spouse, the definition of a spouse is the person to whom you are legally married and living with (meaning you and your spouse are not living separeae and apart or have cohabitated withing the preceding year).

The administrator will advise the member, the member's spouse or the member's beneficiary of the benefit status and options, if any, under the Plan.

The processing of the benefit can take up to 90 days to complete after the administrator has received all of the required documents and final contributions. Failure to provide the required documents will cause a delay in the processing of the application.

AN INCOMPLETE APPLICATION SHALL BE RETURNED TO THE MEMBER OR APPLICANT