



## Bricklayers & Trowel Trades International Pension Fund Canada

620 F Street, Suite 700, NW; Washington, DC 20004  
Phone: 202/638-1996  
Fax: 202/347-7339  
www.ipfweb.org



### IPF CANADA PENSION APPLICATION



- 1. IMPORTANT DIRECTIONS: YOUR PENSION APPLICATION MUST BE RECEIVED BY THE FUND OFFICE AT LEAST TWO CALENDAR MONTHS BEFORE THE DATE YOU WANT YOUR BENEFIT PAYMENTS TO BEGIN.**
2. Answering all questions will avoid delays in processing your application.
3. Please read all questions carefully and print all answers.
4. You must sign and date the application and provide proof of your age and marital status.
- 5. Mail the completed application with proof of your age and marital status to the Fund Office at the address listed above.**
6. Instructions for providing proof of your age and marital status are found in the attached instructions.
7. An Electronic Deposit Form is attached—See Section F.

### Section A. – PERSONAL DATA

1. Name \_\_\_\_\_  
(last) (first) (middle)
2. Address \_\_\_\_\_  
(number and street)  
\_\_\_\_\_  
(city) (province) (postal code)
3. Phone number (\_\_\_\_\_) \_\_\_\_\_ 4. Soc. Ins. Number \_\_\_\_\_  
(area code)
5. Birth date (attach proof) \_\_\_\_\_ 6. I.U. Member # \_\_\_\_\_ 7. e-mail \_\_\_\_\_
8. Last Employer Name \_\_\_\_\_ 9. Local Union \_\_\_\_\_  
(number/province)
10. Last date of covered employment prior to retirement (**You cannot work during the month your pension starts.**) \_\_\_\_\_  
(month/day/year)
11. Date you wish your benefits to begin (Non-disability applicants see directions above) \_\_\_\_\_  
(month/year)

### Section B. – Beneficiary Designation

1. Beneficiary Name \_\_\_\_\_  
(last) (first) (middle)
2. Beneficiary Soc. Ins. Number \_\_\_\_\_ 3. Relation \_\_\_\_\_
4. Beneficiary Address \_\_\_\_\_  
(number and street)  
\_\_\_\_\_  
(city) (province) (postal code)

## Section C. – EMPLOYMENT HISTORY

1. Date you first started working in covered employment covered by a BAC agreement \_\_\_\_\_  
(month/day/year)

2. To be eligible for Past Service Credit, you must have worked 600 hours per year in 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:

Year	Hours
_____	_____
_____	_____
_____	_____

3. If you worked less than 600 hours in covered employment in any year prior to the date contributions began on your behalf to the Fund, list the period you were not in covered employment and give the reason (i.e. military service, disability, employment in another capacity, etc.).

From Month / Year	To Month / Year	Reason not in covered employment

## Section D. –TYPE OF PENSION If eligible, I want to retire on a (check one):

1. \_\_\_ **NORMAL PENSION** (You must be at least 65 years old)
2. \_\_\_ **EARLY PENSION** (Age 55 through 64 at pension start date)
3. \_\_\_ **DISABILITY PENSION** (Must have 10 years of pension credit with at least 1,200 hours of Future Service Credit and be awarded Canada/Quebec Pension Plan Disability benefits. You must provide a statement from your physician indicating that you are totally and permanently disabled from the trade and stating the nature of your disability.)
3. \_\_\_ **PORTABILITY PENSION** (You must be younger than 55 and have not had any hours reported on your behalf to IPF-Canada for 24 consecutive months)

I hereby apply for a pension from the Bricklayers and Trowel Trades International Pension Fund Canada. I certify that I have read the Pension Plan Booklet and understand, in general, the Pension Fund Rules and Regulations. I also certify that the foregoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me from my pension benefits, and that the Trustees have the right to recover any payments made to me because of a false statement. I also understand that the Trustees may require additional information before acting on this application.

\_\_\_\_\_  
month/day/year

\_\_\_\_\_  
Area Code/Telephone Number

\_\_\_\_\_  
Signature of Applicant

## **Instructions for Completing the Joint and Survivor Form**

To elect a **Joint and Survivor Option**, instructions for completing the form are as follows:

### **Joint and Survivor Pension with "Pop-up"**

You must check box 1 of J&S Section A and either the 100%, 75%, 60% or 50% box that follows, and complete J&S Section D.

To elect either a Regular Pension, Single Life Annuity, Ten Year Certain or Fifteen Year Certain, instructions for completing the form are as follows:

### **Optional Form of Payment**

You and your spouse must complete J&S Section B, and if required by legislation, must complete and file a Spousal Waiver form in the presence of a witness who is not related to you or your spouse. At this point you should mark box 2 of J&S Section A and mark one of the boxes in J&S Section C and sign J&S Section E.

### **Instructions for Providing Proof of Your Marital Status**

#### **1. Married**

You must provide a copy of your marriage license or certificate or a church record indicating the date of your marriage.

#### **2. Single (never married)**

You may elect any Optional Form and sign section E of the attached Form in the presence of a witness.

#### **3. Separated or Divorced**

To elect an Optional Form of Payment, you must provide a copy of your Divorce Decree, court order or a domestic agreement including any property settlement that indicates whether your Former Spouse has any claim to any portion of your entitlement under the Plan.

#### **4. Widower**

You must provide a copy of your spouse's death certificate and elect an Optional Form of Payment.

#### **5. Common-Law-Relationship**

You should provide a declaration as required by legislation signed by you and your spouse affirming your common-law relationship, including the date your relationship started. You may elect any payment option with your spouse's written authorization.

## **Section E. – Joint and Survivor Option Form**

Before completing this form you must read the attached instructions.

If you have a spouse, as defined by applicable legislation on the date that you retire, your benefit is paid as a Joint and Survivor Pension unless your spouse and you, if required by applicable legislation, reject that form of payment. Under the Joint and Survivor Pension, your Regular Pension is reduced so that your surviving spouse will receive a lifetime monthly benefit equal to 50%, 60%, 75%, or 100% of your benefit. To elect a form of pension that pays less than a 60% survivor pension, your spouse and you, if required by legislation, must complete J&S Section B below. To receive estimates of all the options, please contact the Fund office.

**J&S Section A. (completed by applicant) indicate marital status and check box 1, 2, or 3 below:**

Marital Status: (check and attach proof) I hereby affirm that I am:

Single\*  Married  Common Law  Separated  Divorced  a Widow(er)

\*If you were never married your signature must be witnessed (by someone not related to your spouse or you) in Section E below.

Joint and Survivor Pension (check box 1 or 3 and complete the remainder of the form as required):

1.  Yes – I elect a Joint and Survivor Pension with “Pop-up”. This will guarantee my surviving spouse will receive 60% (or 50%, 75% or 100% as checked below) of my benefit for life. I have enclosed proof of my spouse’s age and our marriage, signed section E below, and checked one of the following boxes. Should my spouse predecease me, I understand thereafter my benefit will increase by the amount it was reduced to provide the Joint and Survivor Pension:

100%       75%       60%       50%

2.  No – I do not elect a Joint and Survivor Pension. I have elected an Optional Form of Payment in Section C, signed Section E below, and my spouse has completed Section B in the presence of a Notary Public.

3.  I elect a Joint and Survivor Pension **without** “Pop-up”. This will guarantee my surviving spouse will receive 60% of my benefit for life. I have enclosed proof of my spouse’s age and marriage and signed Section E below. Should my spouse predecease me, I understand my benefit will not increase thereafter.

**J&S Section B. (completed by spouse and Notary Public if box 2 is checked above):**

I \_\_\_\_\_ consent to my spouse’s rejection of the Joint and  
(Signature of Spouse) (Date)  
Survivor Benefit. I have read the attached instructions and understand the terms of the optional form of payment chosen below.

Notary Statement:

Dated at \_\_\_\_\_, in the Province of \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_,  
(City or Town)  
20\_\_\_ before me came \_\_\_\_\_ to me known to be the person described in and who  
(Spouse)  
executed the forgoing statements and she/he duly acknowledged to me that she/he executed the same.

\_\_\_\_\_ (Notary Public)

**J&S Section C. - Optional Form of Payment (complete if Box 2 above is checked):**

Please check the box below which indicates the form you desire for your benefit. Approximations for all options are described in the attached instructions and provided by the Fund office if requested.

1.  **Regular Pension** I elect pension benefits payable for life, but guaranteed for 60 months.
2.  **Single Life Annuity** I elect an adjusted Regular Pension payable for my life only.
3.  **Ten Year Certain** I elect a reduced Regular Pension payable for life, but guaranteed for 120 months.
4.  **Fifteen Year Certain** I elect a reduced Regular Pension payable for life, but guaranteed for 180 months.
5.  **Level Income Option** I elect a higher initial benefit which will be reduced at age 65 when I receive OAS benefits.

**J&S Section D. – Approximation:**

Provide approximations of the options in sections A and C above so I can make a decision.

## **J&S Section E. - Certification:**

\_\_\_\_\_  
Applicant Social Insurance Number

\_\_\_\_\_  
Spouse Social Insurance Number

\_\_\_\_\_  
Spouse Date of Birth

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**YOU MUST INCLUDE WITH THIS APPLICATION A COPY OF YOUR BIRTH CERTIFICATE, OR OTHER SATISFACTORY PROOF OF DATE OF BIRTH AND YOUR MARRIAGE LICENSE.**

### **PROOF OF AGE**

#### **INSTRUCTIONS TO APPLICANT**

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents which may serve as proof of you age. Some of these documents are better proof than others. This list is arranged starting with the best type of proof, and going down to less desirable types of documents.

You are required to furnish the best type of proof which is available. It is recognized, of course, that in many cases a birth certificate may not be available, particularly for those who were born outside of Canada. In that case, you should secure the next best type of proof. Additional proof of age may be required if the document which you submit is not convincing proof. If you do not have any of the documents shown on the list below, contact the Pension Fund Office for guidance about other ways of proving your age.

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You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by the custodian of such records.
5. Document showing approval of the Canada Pension Plan if date of birth or age is indicated.
6. A foreign church or government record.

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The following may be accepted as sufficient proof of age. If possible, please furnish **two documents** from the following list:

1. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
2. Naturalization record (photocopy not permitted; submit original--it will be returned)
3. Immigration papers (photocopy not permitted; submit original--it will be returned)
4. Military record.
5. Passport (photocopy not permitted; submit original--it will be returned)
6. School record, certified by the custodian of such records.
7. Vaccination record, certified by the custodian of such records.
8. An insurance policy which shows the age or date of birth.
9. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such records or marriage certificate).
10. Other evidence, such as signed statements from persons who have knowledge of the date of birth or voting records.

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