

APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION

New **Revised**

This is a 2 sided form - please complete both pages in ink and print clearly. Please ensure you have signed and dated this form.

1. APPLICANT DATA

NAME: Last Name		First Name	Initials	SOCIAL INSURANCE NUMBER	
ADDRESS (PO Box, Unit No. and Street)			CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	DATE OF BIRTH (Year, Month, Day)	
UNION AFFILIATION AND LOCAL NO.	EMPLOYER		DATE OF EMPLOYMENT (Year, Month, Day)		

2. MARITAL STATUS DECLARATION

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 survivor form, which will give your Spouse a survivor pension if he/she survives you.

Under Federal pension legislation, in relation to a plan member or former plan member, "Spouse" means,

- (a) *if there is no person described in (b), a person who at the relevant time is married to the plan member or former plan member or who is party to a void or, in Quebec, null marriage with the plan member or former plan member, or*
- (b) *a person who at the relevant time is cohabiting with the plan member or former plan member in a conjugal relationship, having so cohabited with the plan member or former plan member for at least 1 year.*

If you are not certain about how the definition of Spouse applies to you, please contact the Plan Administrator. The Plan Administrator's contact information is at the top of this page.

I hereby certify that I have read the above definitions or contacted the Plan Administrator and that **as of the date of this declaration:** (PLEASE CHECK ONE)

- I do not have a Spouse
- I have a Spouse, whose name, birth date and Social Insurance Number is as follows:

Spouse's Last Name:	Spouse's First Name:	Spouse's Social Insurance Number	Spouse's Date of Birth (Year, Month, Day)
_____	_____		

IF MY MARITAL STATUS CHANGES IN THE FUTURE, I UNDERSTAND I MUST NOTIFY THE PLAN ADMINISTRATOR OF THIS CHANGE.

3. BENEFICIARY DESIGNATION (Please complete this Section even if Section 2 is completed)

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) on your date of death, the death benefit will be paid to your Spouse, unless a valid written waiver is completed by the Spouse. If you do not have a Spouse at death, or your Spouse signs a waiver, the death benefit will be paid to the beneficiary set out below. If on the 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.

If I die before I withdraw the benefits that are owing to me under the Pension Plan, I designate the following individual(s) or organization(s) as my beneficiary(ies) and revoke any prior designation I have made:

NAME: Last Name	First Name	Initials	RELATIONSHIP	PERCENT	IMPORTANT NOTES
				%	☞ If you name more than one beneficiary, show percentages. ☞ If beneficiary is a minor, name a Trustee on his/her behalf
				%	
				%	
				%	

If sufficient space is not available on this form for the beneficiary designation desired, check here and complete a separate sheet to be attached to this form. The attachment should also be signed and dated.

If your beneficiary is a minor, please name an adult Trustee here: _____
The Administrator of the Pension Plan shall have no responsibility to monitor the actions of the named Trustee.

You may change your beneficiary at any time by completing and submitting a new enrolment form to the Plan Administrator. The new form may be obtained from the Plan Administrator or from your Employer.

4. COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The collection, use and disclosure of an individual's personal information by the Board of Trustees of the Pension Plan (or the Trustees' authorized agent, including the Plan Administrator) during his/her 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, reasonable security arrangements will be taken to prevent any unauthorized access, collection, use, disclosure, copying, modification or disposal of personal information about individual Members of the Pension Plan.

5. PRIVACY QUESTION

In order to verify your identity when you call the Plan Administrator, please provide a personal fact or question along with the answer that only you would be able to answer (mother's maiden name, place of birth etc.):

Question: _____ Answer: _____

6. APPLICATION FOR ENROLMENT

I, the undersigned, hereby:

- apply to be enrolled as a Member of the N.D.T. Industry Pension Plan,
- certify that the information provided on this form is correct,
- consent to the collection, use and disclosure of my personal information by the Board of Trustees of the Pension Plan (or its authorized agent) for the purpose of administering the Pension Plan and the benefits that may be conferred on Members of the Pension Plan,
- agree to be bound by all the terms and conditions of the Pension Plan,
- agree to promptly update the Board of Trustees or the Plan Administrator on any changes to the status of a Spouse or beneficiary, and
- agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Board of Trustees or the Plan Administrator on any change to the status of a Spouse or beneficiary.

SIGNATURE OF APPLICANT

DATE

NAME OF APPLICANT (please print)

PLEASE SUBMIT COMPLETED FORM TO THE PLAN ADMINISTRATOR:

D.A. Townley

4250 Canada Way
Burnaby, BC V5G 4W6

Phone: (604) 299-7482 Fax: (604) 299-8136 Toll-Free
1-800-663-1356 www.datownley.com

moveup