

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 (Surname, Given Name & Initials)		SOCIAL INSURANCE NUMBER	
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	GENDER (Male/Female)	DATE OF BIRTH (Year, Month, Day)	
UNION AFFILIATION AND LOCAL NO.	EMAIL ADDRESS	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.

The definition of "Spouse" that applies to you depends on the pension legislation in the province in which you work.

If you work in British Columbia, you have a Spouse if there is a person who meets the following description:

in relation to another person,

- (a) *a person who, at the relevant time, was married to that other person, and who, if living separate and apart from that other person at the relevant time, did not live separate and apart from that other person for longer than the 2 year period immediately preceding the relevant time, or*
- (b) *if paragraph (a) does not apply, a person who was living and cohabiting with that other person in a marriage-like relationship, including a marriage-like relationship between persons of the same gender, and who had been living and cohabiting in that relationship for a period of at least 2 years immediately preceding the relevant time.*

If you are working in a different province than British Columbia, you must contact the Plan Administrator to find out the definition of Spouse that applies to you. 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:

Last Name: _____ First Name: _____

Spouse's Social Insurance Number	Spouse's Date of Birth (Year, Month, Day)
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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 (Surname, Given 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. APPLICATION FOR ENROLMENT

I, the undersigned, hereby:

- apply to be enrolled as a Member of the CMAW Target 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: BILSLAND GRIFFITH BENEFIT ADMINISTRATORS

1000-4445 Lougheed Hwy
Burnaby BC V5C 0E4
Toll-Free: 1.844.366.2629 Fax: 604.433.8894
CMAW@bgbenefitsadmin.com