

ALBERTA SHEET METAL WORKERS' RETIREMENT TRUST FUND

APPLICATION FOR PENSION

Dear Administrator:

I wish to retire and receive a monthly pension income from the Alberta Sheet Metal Workers' Retirement Plan. I wish my retirement benefit to commence on _____, _____.
(Month / Year)

I understand that benefits are payable at the end of the month.

My Full Name is: _____

My Date of Birth is: _____

My Social Insurance Number is: _____

The Name of my Beneficiary is: _____

Relationship of Beneficiary to me is: _____

ie: Spouse, Common-Law Spouse, Son, Daughter, Friend

Beneficiary's Date of Birth is: _____

Beneficiary's Social Insurance No. is: _____

Please provide me an estimate of the amount of pension and the various options available to me, along with all required documents.

I understand that I am to provide at least sixty (60) full days notice of my intention to retire. I further understand that retirement cannot commence on a retroactive basis. Therefore, if all required and properly completed documents are not received by the Administration Office by my requested retirement date, my retirement will commence the first of the following month in which the documents are received.

Date Signed

Signature of Member

Address: _____

Phone #: _____