

# 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 \_\_\_\_\_ 1, \_\_\_\_\_.  
(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 #: \_\_\_\_\_