



PENSION PLAN BENEFIT APPLICATION FORM

LOCAL 2330/1620 I.B.E.W

PART A: Member Information

Name of Member: _____

S.I.N.: ____/____/____ Date of Birth: ____/____/____

Address: _____

Address: (include postal code) _____ Phone Number: _____

Date Joined Union: ____/____/____ Date Last Worked: ____/____/____

Last Company Worked For: _____

Last Province Worked In: _____

PART B: Reason for benefit payment request (please check one)

Retirement: _____ Termination of Plan Membership: _____

Death: _____ Effective Date: ____/____/____

(Effective date means: the date you terminated from the Union, or the date you wish to commence your monthly pension, or the date of death)

PART C: Member Certification

I hereby certify that the information shown in PART A is true and correct to the best of my knowledge and belief and that I am eligible for any benefits which may be payable as a result of the reasons stated in PART B.

Date: _____ Signature of Member: _____

(Please attach a copy of your birth certificate. If you are retiring, you must also include a copy of your spouses birth certificate.)

PART D: Certification of Union Representative

I hereby certify that the information shown in PARTS A and B are true and correct to the best of my knowledge and belief.

Date: _____ Signature of Union Representative: _____

POSSESSION OF THIS FORM DOES NOT CONSTITUTE ELIGIBILITY FOR BENEFITS

BENEFIT PLAN ADMINISTRATORS (ATLANTIC) LIMITED
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