

**TEAMSTERS LOCAL UNION NO. 155 PENSION PLAN**

c/o Convyta Partners
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Check as Applicable:

- Original Application
 Replacement Form

PENSION ENROLMENT AND BENEFICIARY DESIGNATION FORM

Complete and file this form with the Plan administrator at the above address to register as a member in the Teamsters Local Union No. 155 Pension Plan, and designate or change your pre-retirement death beneficiary. PRINT clearly in ink and ensure that you and a witness have signed and dated this form.

1. MEMBER INFORMATION			
LAST NAME	FIRST NAME	INITIAL(S)	SOCIAL INSURANCE NUMBER
ADDRESS (street number and name)		SUITE	DATE OF BIRTH (dd-mm-yyyy)
CITY	PROVINCE	POSTAL CODE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
LEGAL NAME OF LOAN OUT COMPANY (if any, attach photocopy of certificate of incorporation)		PHONE NO.	EMAIL ADDRESS

2. MARITAL STATUS DECLARATION		
<p>The person who is your Spouse has important rights under the Pension Plan. If you die before you reach pension commencement date, your Spouse may be entitled to a death benefit.</p> <p>As defined by the Pension Benefits Standards Act (PBSA), BC, "Spouse" means, in relation to the Member, a person who</p> <p>(a) was married to the Member, and has not lived separate and apart from the Member for a continuous period longer than 2 years immediately preceding the "relevant time", or</p> <p>(b) was living with the Member in a marriage-like relationship, for a period of at least 2 years immediately preceding the "relevant time".</p> <p>"Relevant time" means the date of the Member's retirement or the day of the Member's death, if earlier.</p> <p>I hereby certify that I have read the above definitions and that as of the date of this declaration I am: (CHECK ONE)</p> <p><input type="checkbox"/> I DO NOT have a Spouse <input type="checkbox"/> I DO have a Spouse, information below</p>		
SPOUSE'S LAST NAME	FIRST NAME	INITIAL(S)
SPOUSE'S DATE OF BIRTH (dd-mm-yyyy)	SOCIAL INSURANCE NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

NOTE: You must advise the Plan administrator of any changes to your marital status. Note that if you remarry or acquire a new Spouse, your former Spouse may retain family law based entitlements to a portion of your pension. IF YOUR MARITAL STATUS CHANGES IN THE FUTURE, PLEASE COMPLETE A NEW VERSION OF THIS FORM AND UPDATE YOUR MARITAL STATUS AND FILE IT WITH THE PLAN ADMINISTRATOR.

3. BENEFICIARY DESIGNATION						
<p>This designation applies if you die before you withdraw your benefits from the Pension Plan and the death benefit is not payable to a Spouse. If you die before retirement, your Spouse (as defined by the Pension Benefits Standards Act (PBSA), BC in section 2 above) at the time of your death will be entitled to a death benefit unless he/she has waived the right to a pre-retirement survivor benefit by signing a waiver. If your spouse is waiving his/her rights, please contact the Plan Administrator for the prescribed form.</p> <p><u>Even if you have a Spouse, complete the designation below to determine who will receive the death benefit if, at the date of your death you no longer have a Spouse or your Spouse has waived his/her entitlement to the death benefit.</u></p> <p>If I die before I withdraw any benefits owing to me under the Pension Plan, I designate the following individual(s) as my beneficiary(ies) and hereby revoke any prior designation.</p>						
Last Name	First Name	Phone No.	Email Address	Relationship to you	Percent	Important Notes
					%	❖ If multiple beneficiaries, show percentages; otherwise, proceeds will be divided equally among all surviving beneficiaries. ❖ If beneficiary is a minor, complete section 5.
					%	
					%	
					%	

4. CONTINGENT BENEFICIARY (complete this section if you wish to appoint a contingent beneficiary)

A contingent beneficiary(ies) will only become a primary beneficiary if ALL of the primary beneficiary(ies) (identified in section 3) have pre-deceased me. If there is no surviving contingent beneficiary at the time of my death, the benefit shall be paid to my estate. I hereby revoke any prior contingent beneficiary designations.

Last Name	First Name	Phone	Email Address	Relationship to you	Percent	Important Notes
					%	❖ If multiple beneficiaries, show percentages; otherwise, proceeds will be divided equally among all surviving beneficiaries. ❖ If beneficiary is a minor, complete section 5.
					%	
					%	
					%	

5. APPOINTMENT OF TRUSTEE FOR A MINOR BENEFICIARY (complete this section if you wish to appoint a trustee for a minor beneficiary)

Any amount payable to a minor beneficiary (under age 19) during his/her minority will be paid to the following individual, as Trustee for the minor child. If we cannot pay to the Trustee identified or you fail to name a Trustee, the Pension Plan will pay the benefits to the Public Guardian and Trustee's Office.

Last Name of Trustee	First Name of Trustee	Phone No.	Email Address

PAYMENT TO THE TRUSTEE OR PUBLIC GUARDIAN SHALL DISCHARGE THE TEAMSTERS LOCAL UNION NO. 155 PENSION PLAN WHICH IS NOT RESPONSIBLE FOR THE EFFECT OF THE SUFFICIENCY OF APPOINTMENT.

6. SIGNATURE OF MEMBER

By signing below, and in accordance with the terms and conditions of the Pension Plan:

- I confirm that I am a member in good standing of the Teamsters Local Union No. 155
- I hereby apply to be enrolled as a Member of the Teamsters' Local Union No. 155 Pension Plan, if I am not already enrolled. I agree to be bound by all the terms and conditions of the Pension Plan.
- I certify that the information provided on this Form is correct and can be relied upon by the Trustees of the Pension Plan.
- I agree to promptly update the Plan administrator of any changes to my marital status or the beneficiaries to be designated.
- I agree that I am liable for benefits paid out incorrectly due to the Form including my failure to update my marital status.
- I agree to the collection, use and disclosure of my personal information as is reasonably required to administer my entitlements and obligations under the Plan.
- If I am entitled to receive documents or information from the Plan I consent to receiving electronic copies of those documents.
- I consent to the use of my Social Insurance Number for record keeping, tax reporting and claims purposes.
- I confirm that if I provide services through a Loan Out Company (including the Loan Out Company identified in item 1 above), I hereby authorize and direct any employer that engages such a Loan Out Company to pay the proportion of the fringe rates allocable to pension benefits under the Master Agreement in respect of my services to the Board of Trustees of the Teamsters Local Union No. 155 Pension Plan on behalf of such Loan Out Company.
- I confirm that I am an officer or director of the Loan Out Company identified in Section 1 above, and any other Loan Out Company through which I provide services, or am otherwise authorized to give the direction in item 6(g) on behalf of every such Loan Out Company.
- I understand that the Pension Plan is not permitted to accept contributions on behalf of any member after their pension has commenced or after the year in which they reach age 71. I understand that no further pension contributions will be accepted or credited toward additional pension benefits after that time.

Signature of Member X	Date (mm-dd-yyyy)
Signature of Witness (cannot be Spouse, Beneficiary or Trustee) X	Name of Witness

PRIVACY STATEMENT:

The Trustees of the Teamsters Local Union No. 155 Pension Plan will collect, use and disclose personal information (including Social Insurance Number) if reasonably necessary to effectively administer the Pension Plan. Personal information will be protected pursuant to the relevant privacy legislation. The Trustees may use and exchange information with relevant persons or organizations (union, health professionals, financial institutions, insurers, re-insurers, regulators, investigative agencies) in order to manage the Fund and Plan and your entitlements under the Plan. Questions related to the Privacy Policy of the Fund and Plan should be directed to the administrator.