



UNITED FOOD AND COMMERCIAL WORKERS UNION PENSION PLAN

APPLICATION FOR PENSION

In accordance with the terms of the Pension Plan, I hereby apply for my Pension Benefit based on a Plan retirement date of _____ (must be the last day of the month). I understand that any monthly pension payment payable from the Plan will commence on the last day of the month following my retirement date.

Personal Data: Please print or type				
Member's Last Name		First	Middle	Date of Birth (DD/MM/YY)
SIN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Address				
City, Province		Postal Code	Telephone ()	
Spouse's Last Name		First	Middle	Date of Birth (DD/MM/YY)
Do you have a former spouse who is entitled to a portion of your pension? (if yes, please enclose Separation Agreement or Court Order) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Last Employer			Last Day of Employment (DD/MM/YY)	
Have you ever been promoted out of the Bargaining Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Promotion (DD/MM/YY)	

I understand that at least two months prior to the start of my pension payment, certain documentation has to be provided to the Plan Administrator and that failure to produce these documents may result in my first pension payment being delayed.

Applicant's Signature

Date (DD/MM/YY)