

MACHINISTS PENSION PLAN, LODGE 692 – Division 1



Defined Contribution Pension Plan (DCPP) Enrolment and Beneficiary Designation form

Send to:
HR Benefits Team - Finning (Canada)
16901 109 Ave Edmonton AB T5P 4P6
Toll Free: (888) 930-4550

This is a 2 sided form – please complete both pages in ink and **PRINT CLEARLY**. Please ensure you have signed and dated this form.

1 Personal Information			
First Name	Middle Initial	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy-mm-dd)	Social Insurance Number	Employee Number	
Address (street number and name)			Apt or Suite
City	Province	Postal Code	Telephone (day)
Email address			Telephone (evening)

2 Marital/Relationship Status Declaration				
<p>The person who is your spouse has important rights under the Pension Plan. If you die before you withdraw your benefits from the Pension Plan, your Spouse may be entitled to a death benefit. If on your pension commencement date you have a Spouse, your pension may have to be paid in a joint survivor form, which will give your Spouse a survivor pension if he/she survives you.</p> <p>IF MY MARITAL STATUS CHANGES, I UNDERSTAND THAT I MUST NOTIFY THE PLAN ADMINISTRATOR OF THIS CHANGE</p> <p>I hereby certify that I have read the below definitions or contacted the Plan Administrator and that as of the date of this declaration:</p> <p><input type="checkbox"/> I do not have a Spouse <input type="checkbox"/> I have a Spouse</p>				
<p>Spouse's Information</p> <table border="1"> <tr> <td>First name</td> <td>Last Name</td> <td>Date of Birth (yyyy-mm-dd)</td> <td>Social Insurance Number</td> </tr> </table>	First name	Last Name	Date of Birth (yyyy-mm-dd)	Social Insurance Number
First name	Last Name	Date of Birth (yyyy-mm-dd)	Social Insurance Number	
<p>The definition of "Spouse" that applies to you depends on the pension legislation in the province in which you work.</p> <p>If you work in British Columbia, you have a spouse if there is a person who meets the following description:</p> <p>In relation to another person,</p> <p>a) A person who, at the relevant time, was married to that other person, and who, if separate and apart from that other person at the relevant time, did not live separate and apart from that other person for longer than the 2 year period immediately preceding the relevant time, or</p> <p>b) If paragraph (a) does not apply, a person who was living and cohabitating with that other person in a marriage-like relationship, including a marriage-like relationship between persons of the same gender, and who had been living and cohabitating in that relationship for a period of at least 2 years immediately preceding the relevant time.</p> <p>If you are working in a different province than British Columbia, you must contact the Plan Administrator to find out the definition of Spouse that applies to you. The Plan Administrator's contact information is at the top of this page.</p>				

3 Beneficiary Designation (Please complete this Section even if Section 2 is completed)

This designation applies if you die before you withdraw your benefits from the Pension Plan. If you have a Spouse (as defined in Section 2) on your date of death, the death benefit will be paid to your Spouse, unless a valid written waiver is completed by the Spouse. If you do not have a Spouse at death, or your Spouse signs a waiver, the death benefit will be paid out to the beneficiary(ies) set out below. If on the date of death you have a former Spouse, he or she may have an interest pursuant to matrimonial property legislation in all or part of the death benefit. This interest may override, in whole or in part, your beneficiary designation.

You may change your beneficiary at any time by completing and submitting a new enrolment form to the Plan Administrator. A new form may be obtained from the Plan Administrator or your Employer.

If I die before I withdraw the benefits that are owing to me under the Pension Plan, I designate the following individual(s) or organization(s) as my beneficiary(ies) and revoke any prior designation I have made:

Name (Surname, Given Name & Initials)	Relationship	Percent	Important Notes
		%	➤ If you name more than one beneficiary, show the percentage breakdown (total must equal 100%) ➤ If beneficiary is a minor, name a Trustee on his/her behalf
		%	
		%	
		%	

Sufficient space is not available on this form for beneficiary designations desired, check below:

I have completed a separate sheet that is attached to this form. The attachment is signed and dated.

If your beneficiary is a minor, name an adult Trustee here:	
	The Administrator of the Plan shall have no responsibility to monitor the actions of the named Trustee.

4 Contributions

I authorize my Plan Sponsor to deduct voluntary pension contributions from my pay as follows: _____ %

British Columbia/Yukon Hourly employees may contribute from 0% to 8% in 0.25 increments

5 Collection, Use and Disclosure of Personal Information

The collection, use, and disclosure of an individual's personal information by the Board of Trustees of the Pension Plan (or the Trustee's authorized agent, including the Plan Administrator) during his/her participation in the Pension Plan is for the purpose of administering the Pension Plan and the benefits that are conferred on Members of the Pension Plan. The collection, use, and disclosure of personal information about individual Members of the Pension Plan will be done in a manner that is reasonable. Furthermore, reasonable security arrangements will be taken to prevent any unauthorized access, collection, use, disclosure, copying, modification, or disposal of personal information about individual Members of the Pension Plan.

6 Privacy Question

In order to verify your identity when you call the Plan Administrator, please provide a personal fact or question along with the answer that only you would be able to answer (mother's maiden name, place of birth, etc.):

Question	Answer

7 Application for Enrolment

I, the undersigned, hereby:

- a) Apply to be enrolled as a Member of the Machinists Pension Plan, Lodge 692 – Division 1,
- b) Certify that the information provided on this form is correct,
- c) Consent to the collection, use, and disclosure of my personal information by the board of Trustees of the Pension Plan (or it's authorized agent) for the purpose of administering the Pension Plan and the benefits that may be conferred on Members of the Pension Plan,
- d) Agree to be bound by all the terms and conditions of the Pension Plan,
- e) Agree to promptly update the Board of Trustees or the Plan Administrator on any changes to the status of a Spouse or beneficiary, and
- f) Agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Board Of Trustees or the Plan Administrator on any change to the status of a Spouse or beneficiary

Signature of Applicant	Name of Applicant	Date (yyyy-mm-dd)