

ALBERTA REFRIGERATION PENSION PLAN MEMBER INFORMATION FORM

IMPORTANT NOTE: Please fill out this form completely. The information provided on this form will replace information provided on all earlier Application cards or enrolment forms. You must notify us of any changes to the information below.

MEMBER'S PERSONAL INFORMATION

Legal Name: _____ SIN: _____
Last Name Given Names

Address: _____
Number/Street City Province Postal Code

Date of Birth: _____ Phone: _____ Email: _____
mm/dd/yyyy

Sex: Male Female Non-Binary

Marital Status: Single Married Common-Law Divorced Widowed Separated _____
Date of Separation (mm/dd/yyyy)

MARITAL STATUS

If you are married, please provide date of marriage: _____
mm/dd/yyyy

If you are in a Common-Law relationship, please complete the following statement:

I do hereby declare that _____ (spouse's name) is my Common-Law Spouse with whom I have been cohabitating since: _____ (date cohabitation commenced) and whom I publicly represent as my Spouse.
mm/dd/yyyy

Member's Signature: _____ (This signature is only required if member is in a Common-Law relationship.)

PENSION PLAN BENEFICIARY Pension Plan Registration Number: 0546028

Legal Name: _____
Last Name First Name Relationship

Address: _____
Number/Street City Province Postal Code

Phone: _____ Email: _____

If the above beneficiary(ies) predeceases me, my contingent beneficiary is:

Last Name First Name Relationship

If your original and contingent beneficiary(ies) predecease you and no new beneficiaries have been appointed, benefits payable are paid to your Estate.

In the event of your death, prior to your retirement, your spouse is automatically the first person eligible to receive a pension benefit unless a spousal waiver is on file, no matter who you designate as a beneficiary. Your beneficiary will become eligible for benefits only if you do not have a spouse on your date of death.

Caution: Your designation of a beneficiary by means of the Member Information Form will not be revoked or changed automatically by any future event (including marriage or divorce) unless required by law or regulation. Should you wish to change your beneficiary, you must do so by completing a new Member Information Form.

CONSENT AND COMPLETION

I understand that my beneficiary designations will not be revoked or changed automatically by any future marriage or divorce, and I understand that I reserve the right to change my beneficiaries at any time by completing a new Member Information Form, subject always to the provisions of any applicable law or regulation. However, if my beneficiary predeceased me and no other has been appointed, such proceeds shall be payable to my Estate. I understand that the Administrator requires my Social Insurance Number for tax purposes, and I hereby consent to the use of my Social Insurance Number by the Administrator for record keeping, reporting and claims purposes.

I consent to the collection, use and disclosure of my personal information.

Signature and Consent: _____ Date: _____
mm/dd/yyyy