ALBERTA REFRIGERATION INDUSTRY PENSION PLAN

16214 118 Avenue Edmonton AB T5V 1M6 Phone 780 483-1591 Fax 780 487-4063

PENSION PLAN PROVINCIAL REGISTRATION NUMBER 422972

APPLICATION FOR WIDOW'S/WIDOWER'S PENSION

APPLICANT'S PERSONAL INFORMATION (See the Plan's Privacy Statement below) NAME: DATE OF BIRTH: PHONE NUMBER: ADDRESS: CITY/PROVICE: S.I.N. **POSTAL CODE:** DECEASED'S NAME: DATE OF DEATH: **DECEASED S.I.N.:** Income tax will be deducted at the minimum rate under the Canada Revenue Agency's Tax Deduction schedule. Would you like additional tax deducted YES No ______% or \$_____ I declare that at the time of the Member's death I was the Spouse of the Member named above and I hereby apply for a pension in accordance with the provision of the Alberta Refrigeration Industry Pension Plan and I understand that this benefit will continue for my lifetime and cease upon my death. Applicant's Signature: **STATEMENT OF ADMINISTRATOR** I hereby certify that _____ (deceased) was in receipt of a pension benefit in the amount of \$______ is entitled to a widow's/widower's pension in the amount of \$_____ per month commencing _____ subject to the provisions of the Alberta Refrigeration Industry Pension Plan and ceasing upon the death of the widow/widower. Administrator's Signature:

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal Information will be protected pursuant to the relevant privacy legislation. The Plan may use and exchange information with relevant persons or organizations (unions, health professionals, institutions, investigative agencies, insurers, re-insurers, regulators) in order to manage the Plan and your entitlement to the Benefits of the Plan. Questions related to the Privacy Policy of the Plan should be directed to the administrator.

REVIEWED THIS _____ DAY OF _____ 20 ___.

Date:

Verified By: