## 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 PENSION**

## APPLICANT'S PERSONAL INFORMATION (See the Plan's Privacy Statement below)

NAME:	MARITAL STATUS:
ADDRESS:	SPOUSE'S NAME:
CITY/PROVICE:	BENEFICIARY:
POSTAL CODE:	SPOUSE'S S.I.N
S.I.N.:	SPOUSE'S D.O.B.:
PHONE NUMBER: EMAIL:_	
NORMAL EARLY OPTION	I
Income tax will be deducted at the minimum rate under t like additional tax deducted YES No	the Canada Revenue Agency's Tax Deduction schedule. Would you % or \$
APPLICANT'S SIGNATURE:	DATE:
STATEMENT OF ADMINSTRATOR	
D.O.B.: AGE:	\$
INITIATION DATE:	CURRENT HOURS:\$
	WORK MONTH:
NORMAL RETIREMENT DATE:	ADJUSTMENT:\$
YEARS CREDITED SERVICE:	TOTAL PENSION:\$
RETIREMENT EFFECTIVE DATE:	OPTION NUMBER:\$
GUARANTEE PERIOD: 15 YRS 10 YRS	5 YRS
JOINT SURVIVOR: 60% 75%	100% WAIVER FORM RECEIVED
I certify this to be a true extract from the member's pensi	ion records.
ADMINISTRATOR'S SIGNATURE:	DATE:
VERIFIED BY:	DATE:
REVIEWED THIS DAY OF	
TRUSTEE	

**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.