

# Unifor Multi-Employer Pension Plan

## Pension Benefits Enrolment and Beneficiary Designation Form

Administrator:  
**Global Benefits**  
Telephone: 416-635-6000  
Fax: 416-631-6464  
Email: [unifor@globalben.com](mailto:unifor@globalben.com)  
88 St. Regis Crescent South  
Toronto, ON M3J 1Y8

Please type or print clearly. Complete all items on the form in detail. To ensure that coverage is kept up to date, it is vital that you advise your Plan Administrator of any changes such as change of name, marital status, or change of beneficiary.

Member's Information	
Last Name _____ First Name _____ Initial _____ Social Insurance Number _____	
Apt. Number/Street Number/Street Name _____ City _____ Province _____ Postal Code _____	
( ) _____ ( ) _____	
Home Phone _____ Cell Phone _____ Email Address _____	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Member's Date of Birth _____ Initiation Date _____ Date of marriage or if common law date on which cohabitation period started _____	
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy	

  

Spouse's Information	
<i>If your marital status is anything other than Married or Common Law, you do not need to complete this section.</i>	<b>Spouse</b>
<i>By law, the Pension Plan Death Benefit is paid to your Spouse. If your spouse predeceases you, this benefit will be paid to the beneficiary(ies) designated below.</i>	Last Name _____ First Name _____ Date of Birth mm/dd/yyyy _____

  

Pension Primary Beneficiary Designation	
<i>This section allows you to designate a beneficiary for your Pension Plan Death Benefit. If no beneficiary is named, the proceeds shall be paid to your estate.</i>	I hereby revoke all previous Primary beneficiary designations and designate the following as beneficiary(ies). The sum of all percentages must add to 100%. You may leave the % fields blank if you wish to divide the proceeds equally among all the names listed in this section.
<i>Please note that you may change your beneficiary designation at any time (subject to any regulatory restrictions) by contacting your Plan Administrator.</i>	<b>Primary Beneficiary</b> <b>Percent Allocated</b> <b>Relationship to Plan Member</b>
	_____ % _____
	Last Name _____ First Name _____ Date of Birth mm/dd/yyyy _____
	Apt. Number/Street Number/Street Name _____ City _____ Province _____ Postal Code _____
	<b>Assigned Trustee</b> (Required if the beneficiary is a minor) This section allows you to assign a Trustee if the beneficiary named above is a minor, under 18 years old.
	Last Name _____ First Name _____ Date of Birth mm/dd/yyyy _____
	Apt. Number/Street Number/Street Name _____ City _____ Province _____ Postal Code _____
	<b>Primary Beneficiary</b> <b>Percent Allocated</b> <b>Relationship to Plan Member</b>
	_____ % _____
	Last Name _____ First Name _____ Date of Birth mm/dd/yyyy _____
	Apt. Number/Street Number/Street Name _____ City _____ Province _____ Postal Code _____
	<b>Assigned Trustee</b> (Required if the beneficiary is a minor) This section allows you to assign a Trustee if the beneficiary named above is a minor, under 18 years old.
	Last Name _____ First Name _____ Date of Birth mm/dd/yyyy _____
	Apt. Number/Street Number/Street Name _____ City _____ Province _____ Postal Code _____

## Pension Contingent Beneficiary Designation

*This section allows you to designate a contingent beneficiary in the event that there are no surviving primary beneficiaries at the time of your death. If no beneficiary is named, the proceeds shall be paid to your estate.*

I hereby revoke all previous Contingent beneficiary designations and designate the following as beneficiary(ies)

Contingent Beneficiary			Percent Allocated	Relationship to Plan Member
			%	
_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth mm/dd/yyyy		

_____	_____	_____	_____
Apt. Number/Street Number/Street Name	City	Province	Postal Code

### Assigned Trustee (Required if the beneficiary is a minor)

This section allows you to assign a Trustee if the beneficiary named above is a minor, under 18 years old.

_____	_____	_____	_____
Last Name	First Name	Date of Birth	mm/dd/yyyy

_____	_____	_____	_____
Apt. Number/Street Number/Street Name	City	Province	Postal Code

## Privacy

*This section explains Global Benefits commitment to privacy.*

At Global Benefits we recognize and respect the importance of privacy.

### Your personal information:

When you apply for coverage, we establish a confidential file that contains your personal information like your name, contact information and products and coverage you have with us and may also include financial or health information. Your information is kept in the offices of Global Benefits or the offices of an organization authorized by Global Benefits.

### Who has access to your information:

We limit access to personal information in your file to Global Benefits staff or persons authorized by Global Benefits who require it to perform their duties and to persons to whom you have granted access. Your personal information may also be subject to disclosure to public authorities or others authorized under applicable law within or outside Canada.

### What your information is used for:

Personal information that we collect will be used for the purposes of determining your eligibility for products, services or coverage for which you apply, providing, administering or servicing products or coverage you have with us, and for Global Benefits and its affiliates' internal data management and analytics purposes.

### If you want to know more:

If you have questions about our personal information policies and practices, write to Unifor Multi-Employer Pension Plan c/o Global Benefits Privacy Officer at:

Unifor Multi-Employer Pension Plan  
c/o Global Benefits  
88. St. Regis Crescent South  
Toronto, ON M3J 1Y8

T: (416) 635-6000 F: (416) 631-6464  
E: [privacyofficer@globalben.com](mailto:privacyofficer@globalben.com)

## Authorizations and Declarations

*This section must be signed and dated by the plan member.*

I have read and understand and agree with the contents of the section on this form entitled "Privacy".

I authorize:

Global Benefits, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with Global Benefits or the above to exchange personal information, where necessary to determine eligibility for coverage and to administer the plan.

I agree that a photocopy or electronic copy of the Authorizations and Declarations section is valid as the original.

I authorize the use of email communication as valid and approved communication.

I certify that the information given is true, correct and complete to the best of my knowledge.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy