



BUILDING YOUR FUTURE. **TOGETHER.**

ADMINISTRATION MANUAL

Single Employer | 2021

INTRODUCTION

This manual was prepared to assist Employers participating in the “Steelworkers Pension Plan ” with the Forms required by the Administrative Agent appointed by the Board of Trustees, Benefit Plan Administrators Limited in the day-to-day administration of the Plan.

For any additional information or supply of forms, please contact the Administrative Agent at the following:

Benefit Plan Administrators Ltd.

90 Burnhamthorpe Road West
Suite 300
Mississauga, ON
L5B 3C3
Attention: Pension Department

Phone: (905) 275-6466
Toll Free: 1(800) 867-5615
Fax: (905) 275-6462
E-mail: pensions@bpagroup.com

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Employer Checklist

The Employers responsibilities are:

Upon joining the Pension Plan or when new employees are hired:

- ✓ Provide the Administrative Agent with:
 - Information on employees covered by the Plan with completed Enrolment forms
 - Provide employees with information about the plan when they join
 - Enrolment Form for New Hires for completion
 - Pension Plan Appointment or Change of Beneficiary form to report any changes to member's personal information
 - Advise employees of the Pension Plan Booklet on website, www.steelworkerspensionplan.ca

On a monthly basis:

- ✓ Provide the Administrative Agent with:
 - Excel spreadsheet including employee first and last name, SIN numbers, monthly earnings or hours along with associated contributions for the work month, by employee
 - Arrange for EFT payment of required contributions to the Steelworkers Pension Plan account with the Fund Custodian, RBC Investor & Treasury Services
 - Once EFT payment has been made, provide both the Administrative Agent and the Fund Custodian with a copy of the RBC Investor Services Pension Contribution Instructions form

At year end

- ✓ Report pension contributions on employees' T-4s



Eligibility Requirement

An **Employer** is required to contribute to the Plan on behalf of an **Employee** when an **Employee** meets the eligibility conditions under the terms of the **Collective Agreement**.



Enrolment Procedure

Every new employee who meets the eligibility requirements of the Plan is required to complete an **Enrolment Form for New Hires (Exhibit 1)**. This form provides the **Administrative Agent** with the basic data necessary to perform the day-to-day and year-end functions of the Plan.

The following information must be identified on all Enrolment forms prior to being returned to the Administrative Agent for processing:

- ☒ Employer's Name
- ☒ Member's:
 - Name
 - Address (including postal code)
 - Gender, Marital Status and Language
 - Social Insurance Number
 - Dates of Birth, Hire and Plan Entry
- ☒ Spouse/Beneficiary's:
 - Name
 - Social Insurance Number
 - Date of Birth
 - Relationship
- ☒ Current date along with Member's signature (front & back)

Please note that all personal information is collected and maintained in accordance with the Personal Information Protection and Electronic Documents Act ("PIPEDA").

If no beneficiary is named, any benefits payable on death will be made to the Member's Spouse in accordance with legislation. If there is no Spouse the death benefit if any, will be made to the Estate.



Change of Beneficiary

A Member may change his/her beneficiary at any time, subject to Pension Legislation.

The Member is required to complete the **Pension Plan Appointment or Change of Beneficiary form (Exhibit 2)**.

The following information must be identified on the Beneficiary form before it is returned to the Administrative Agent for processing:

- ☒ Employer's Name
- ☒ Member's:
 - Name
 - Social Insurance Number
 - Date of Birth
 - Gender
- ☒ Beneficiary's:
 - Name
 - Date of Birth
 - Social Insurance Number
 - Relationship

Current date along with the signatures of the Member (front & back) and a Witness (front only)

The Member's signature must be **witnessed by someone other than the named beneficiary**.

If no **beneficiary** is named, any benefits payable on death will be made to the Member's Spouse in accordance with legislation. If there is no Spouse the death benefit if any, will be made to the Estate.



Contribution to the Plan

Contributions to the “**Steelworkers Pension Plan**” **must** be remitted monthly by the Employer on behalf of the employees. The following are the instructions for sending your remittance electronically to the **Steelworkers Pension Plan**:

Bank Name: Royal Bank of Canada

Address: C/O 155 Wellington St 2nd Floor Toronto ON M5V 3L3

Transit #09504

Bank Code 003

Acct #5019104

Account Name: Steelworkers Pension Plan

RBC Custodial Account Number: 121 695 001

Once an EFT payment is facilitated, the **Pension Contribution Instructions Form (Exhibit 3)** must be provided to Information Management Group (information.management@rbc.com) to have it recorded accordingly. The form has been pre-filled with the Plan Account Name and RBC Account Number. As the employer, you are responsible for completing the Employer Contribution (Current Service) section, if Employee contributions are required under the Collective Agreement, this information should be completed under the Employee Contribution (Current Service) section, then sign and date the form. A copy of the completed form must also be emailed to pensions@bpagroup.com.

The contribution rate is outlined in the Collective Agreement. Contributions **must be remitted, and your pension contribution report must arrive no later than the 20th day of each month** for the previous month, (i.e., June contributions must be received by July 20).

Your **Pension Contribution Report** should be provided in an excel format and detail the remittance details for the previous month. The report should include the employee's first and last name, SIN number, the monthly earnings or hours and the associated contribution amounts by employee. When a new employee first joins the Plan, an Enrolment form for New Hires* should be completed. In addition, the Employer is requested to identify all terminations, lay-offs, deaths, retirements, maternity, and leaves of absence in a “Remarks” column on the file.

* See Enrolment Procedure Section on [Page 3](#)



Termination of Employment

A Member is considered to have terminated his/her Pension Plan membership and incurs a break in service, unless:

1. the member is on legal strike;
2. the member is on vacation or approved leave of absence;
3. the member has been laid-off on a temporary basis and is subject to recall under the terms of the Collective Agreement.

A member shall incur a Break in Service upon the termination of their employment with a Participating Employer other than by death or retirement.

When a Member incurs a break in service, the employer is required to complete part A and submit an Advice of Separation form (Exhibit 4). The member is required to complete part B and the union is to complete C and forwarded to the Administrative Agent for processing.

Upon receipt of the completed form, the **Administrative Agent** will determine the Member's entitlement and provide a Termination Benefits Statement.

Rehires

Any Member whose Service terminates and who subsequently becomes rehired as an Employee of a Participating Employer, shall be considered a new Employee for the purposes of the Plan.



Death Benefit

In the case of Death:

If the Member was not receiving a pension at the time of death, the following documents are required in order to determine the entitlement of any death benefit(s)

- **Application For Death Benefit (Exhibit 5)**
- **Advice of Separation form (Exhibit 4)**
- A copy of Proof of Death (Death Certificate, Funeral Directors Statement, Coroner's Report, Physician's Statement, etc.) and
- A copy of Proof of Age (see Exhibit 7 for a list of acceptable documents) and Social Insurance Number (S.I.N) for the person (s) applying for the Death Benefit (if other than executor/executrix of the Estate)

The above documents should be forwarded to the **Administrative Agent** for processing. Alternatively, please inform the Administrative Agent of the death, and provide the contact information for the next of kin. We will then provide the necessary forms for completion.

If the Member was receiving a Pension from the Plan at the time of death, please inform the **Administrative Agent** immediately. Monthly pension payments will be ceased. We will contact the next of kin for one of the following documents in order to determine the entitlement of any Pension benefit(s).

- A copy of Proof of Death for the deceased Pensioner (Death Certificate, Funeral Directors Statement, Coroner's Report, Physician's Statement, etc.)

Once proof of death is received, the **Administrative Agent** will determine the entitlement of any remaining Pension benefits payable, and advise the **spouse, beneficiary, or estate** accordingly.



Retirement

Normal Retirement

A Member's Normal Retirement Date will be the last day of the month in which he/she attains age sixty-five (65). Pension payments will be made on the first of the month following Normal Retirement Date.

Early Retirement

At the request of a Member, his/her retirement may be effective on the first day of any month following his/her fifty-fifth (55th) birthday, provided he/she has retired from active employment both under the terms of the **Collective Agreement** and from the Employer.

Postponed Retirement

If a member remains in the employ of an employer beyond his/her Normal Retirement Date, the Member must start to receive his/her Pension payment **no later than December 1st** in the year in which age 71 is attained.

Normal Form

The normal form of Pension is a life income, with **60** monthly payments guaranteed. This means the Pension is payable for the member's lifetime but guaranteed for a minimum of **60** monthly payments (or **5** Years). If the member should die before **60** monthly payments have been made, the designated **beneficiary** or **estate** will receive the remaining guaranteed payments.

Pension Legislation requires that if the member has a **Spouse** at the time of his retirement, the form of pension payable is Joint and Survivor 60% Pension. In the event the member pre-deceases his/her spouse, a pension equal to 60% of the amount the member was receiving will continue to his/her spouse.

The amount of pension payable at retirement will be the **actuarial equivalent** of the normal form, converted to a 60% Joint and Survivor Pension.



Forms Required to Process a Retirement Benefit

In addition to the **Advice of Separation** form (**Exhibit 4**), the member will be mailed a **Request by Member or Former Member for Retirement Information** form, (**Exhibit 7**). Satisfactory proof of age for the member and spouse (if any) is required for processing any retirement benefit.

Upon receipt of all documents, the **Administrative Agent** will determine the amount of the Pension available under the various options and advise the Member directly by way of **Notice of Retirement and Election of Option** form (**Exhibit 8**).

The Member must complete the **Notice of Retirement and Election of Option, tax and direct deposit** forms and return them to the Administrative Agent for processing. The **Administrative Agent** will then notify the Fund Custodian, who pays all benefits on behalf of the **Steelworkers Pension Plan**, to commence monthly pension payments.



Year-End Procedures

Annual Pension Statements

Within six months after each year end (December 31st), Annual Member Pension Statements, which reflect the prior year's work history (hours or earnings as well as contributions to the Plan), accrued benefits, and employee contributions with interest, if applicable, are produced by the **Administrative Agent** and mailed directly to members.

The monthly **Pension Contribution Reports**, along with the completed **Enrolment Form for New Hires**, provide the **Administrative Agent** with the information they need to prepare these Statements.

Any discrepancies in the information/data provided on these Statements should be brought to the **Administrative Agent's** attention immediately.

Pension Adjustments

It is your responsibility as the employer, to report the Pension Adjustment (PA) amount on each employee's T4 slip. The PA amount is reported in box 52 and is the total of the employer contributions and employee contributions if applicable, remitted on behalf of the employee for the year. The Pension Plan's registration number is **0222737**.

EXHIBITS

Exhibit 1: Pension Plan Enrolment Form



Registration Number: 0222737
Administered by: Benefit Plan Administrators Ltd.
PO Box 3071, Station "A"
Mississauga, ON L5A 3A4

Phone: (905) 275-6466
Toll Free: 1 (800) 867-5615
Fax: (905) 275-6462
steelworkerspensionplan.ca

PENSION PLAN ENROLMENT FORM

| | | | |
|----------------------------------|--|--|--|
| COMPANY/LOCATION | | | |
| MEMBER'S NAME | (LAST NAME) (FIRST NAME) (INITIAL) | | |
| MEMBER'S INFORMATION | DATE OF BIRTH: (YEAR) (MONTH) (DAY) | | |
| | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | |
| | MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> SINGLE | | |
| | LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH | | |
| | PHONE NUMBER: (HOME) (CELL) | | |
| E-MAIL ADDRESS: | | | |
| MEMBER'S MAILING ADDRESS | (STREET NAME & NUMBER) (APT/UNIT NUMBER) | | |
| | (CITY) (PROVINCE) (POSTAL CODE) | | |
| | | | |
| MEMBER'S SOCIAL INSURANCE NUMBER | | | |
| DATE OF HIRE | (YEAR) (MONTH) (DAY) | | |

SPOUSE'S INFORMATION * (SEE NOTE 1 ON REVERSE SIDE)

| | | | |
|------------------------------------|------------------------------------|--|--|
| SPOUSE'S NAME | (LAST NAME) (FIRST NAME) (INITIAL) | | |
| SPOUSE'S DATE OF BIRTH | (YEAR) (MONTH) (DAY) | | |
| SOCIAL INSURANCE NUMBER (OPTIONAL) | | | |

IF NO SPOUSE MY DESIGNATED BENEFICIARY** (SEE NOTE 2 ON REVERSE SIDE)

| | | | |
|------------------------------------|------------------------------------|--|--|
| NAME | (LAST NAME) (FIRST NAME) (INITIAL) | | |
| RELATIONSHIP | | | |
| DATE OF BIRTH | (YEAR) (MONTH) (DAY) | | |
| SOCIAL INSURANCE NUMBER (OPTIONAL) | | | |

I HEREBY APPLY FOR MEMBERSHIP IN THE ABOVE-NAMED PENSION PLAN AND AGREE TO ABIDE BY ITS TERMS AND CONDITIONS.

MEMBER'S SIGNATURE

DATE

PLEASE COMPLETE BOTH SIDES OF THIS FORM (SEE OVER)

Rev Jun'20

STEELWORKERS PENSION PLAN ENROLMENT FORM

To the Member: Benefit Plan Administrators Limited (BPA) has collected the personal information on this form (and any attachments you may have provided) from you for use in the administration of the Pension Plan and your resulting entitlements.

This personal information will be used to maintain the Plan's member records; calculate your entitlements and/or (as applicable) those of a beneficiary; ensure that the benefit payments, payouts and/or transfers are received as scheduled; provide you and (as applicable) any beneficiaries with documentation relating to the operation of the Plan and resulting entitlements; and to generally administer the Plan.

Some or all of your personal information may be disclosed to your spouse and/or beneficiary if he/she becomes entitled to benefits under the Plan so as to give effect to those entitlements. Some or all of your personal information may be disclosed to third-party plan custodians, auditors and actuaries so that they can perform services in connection with the administration of the Plan and its compliance with applicable legal and regulatory requirements. Such personal information may also be disclosed as required or permitted by law.

I CONSENT TO THE ABOVE-DETAILED COLLECTION, USE AND DISTRIBUTION OF PERSONAL INFORMATION.

MEMBER'S SIGNATURE

DATE

MEMBER'S NAME (PLEASE PRINT)

NOTE 1

For purposes of the Plan, "Spouse" of a Member on any date means either of two persons who,

- (a) Are married to each other, or
- (b) Are not married to each other and are living in a conjugal relationship,
 - (i) Continuously for a period of not less than three years, or
 - (ii) In a relationship of some permanence, if they are the parents of a child as set out in section 4 of the Children's Law Reform Act

NOTE 2

You reserve the right to change the beneficiary, subject always to the provisions of any law or government regulation governing designation of beneficiaries in force from time to time which may apply. If the named beneficiary predeceases you and no other has been appointed, such proceeds shall be payable to your ESTATE.

Any payments due to a minor will be paid into court until that minor reaches age 18. If you wish to avoid this, you must consult an estate planning lawyer for advice.

Please complete **both sides** of this form in detail. Any benefits you may be entitled to under your pension plan may not be paid until this form is **completed, dated, signed and filed with the plan administrator.**

PLEASE RETURN COMPLETED FORM TO: Benefit Plan Administrators Limited
P.O. Box 3071, Station 'A'
Mississauga, ON L5A 3A4

SEE OVER

Exhibit 2: Pension Plan Appointment or Change of Beneficiary



Registration Number: 0222737
Administered by: Benefit Plan Administrators Ltd.
PO Box 3071, Station "A"
Mississauga, ON L5A 3A4

Phone: (905) 275-6466
Toll Free: 1 (800) 867-5615
Fax: (905) 275-6462
steelworkerspensionplan.ca

PENSION PLAN APPOINTMENT OR CHANGE OF BENEFICIARY

(PLEASE PRINT CLEARLY)

PAGE 1 OF 2

| | | | |
|-----------------|----------------------------------|----------------------------------|---|
| MEMBER'S NAME | (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) |
| DATE OF BIRTH | (YY) | (MM) | (DD) |
| MARITAL STATUS | SINGLE <input type="checkbox"/> | MARRIED <input type="checkbox"/> | COMMON-LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> |
| LANGUAGE | ENGLISH <input type="checkbox"/> | FRENCH <input type="checkbox"/> | GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| MAILING ADDRESS | (ADDRESS) (UNIT/APT) | | |
| | (CITY) | (PROVINCE) | (POSTAL CODE) |

SPOUSE (SEE NOTE 1 ON REVERSE SIDE)

| | | | |
|---------------|--------------------------|--------------|---------------|
| NAME | (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) |
| DATE OF BIRTH | (YY) | (MM) | (DD) |
| | SOCIAL INSURANCE NUMBER: | | |

I _____ DO HEREBY REVOKE ANY AND ALL PREVIOUS DESIGNATIONS AND
(MEMBER NAME)

APPOINTMENTS OF BENEFICIARIES MADE BY ME UNDER THE TERMS OF THE PLAN, AND DO HEREBY DECLARE THAT ANY SUMS PAYABLE UNDER THE SAID PLAN BY REASON OF MY DEATH SHALL BE PAID AS THEY RESPECTIVELY FALL DUE TO:

IF NO SPOUSE, MY DESIGNATED PRIMARY BENEFICIARY IS: (SEE NOTE 2 ON REVERSE SIDE)

| | | | |
|------------------------|-------------|-------------------------------|--------------------------|
| NAME | (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) |
| RELATIONSHIP TO MEMBER | | DATE OF BIRTH: (YY) (MM) (DD) | SOCIAL INSURANCE NUMBER: |

UNLESS THE LAW REQUIRES OTHERWISE, IF THE ABOVE NAMED PREDECEASES ME ANY BENEFIT PAYABLE ON AND AFTER MY DEATH IS TO BE PAID TO MY CONTINGENT BENEFICIARY(IES) NAMED BELOW. IF THERE IS NO CONTINGENT BENEFICIARY(IES), ANY BENEFIT PAYABLE, WILL BE PAID TO MY ESTATE.

CONTINGENT BENEFICIARY(IES)

| LAST NAME | FIRST NAME | RELATIONSHIP TO MEMBER | DATE OF BIRTH (YY) (MM) (DD) | % OF DISTRIBUTION |
|-----------|------------|------------------------|------------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | TOTAL 100% |

REV JUN'17 (ONT)

PLEASE COMPLETE BOTH SIDES OF THIS FORM (SEE OVER)

STEELWORKERS PENSION PLAN
APPOINTMENT OR CHANGE OF BENEFICIARY

PAGE 2 OF 2

To the Member: Benefit Plan Administrators Limited (BPA) has collected the personal information on this form (and any attachments you may have provided) from you for use in the administration of the Pension Plan and your resulting entitlements.

This personal information will be used to maintain the Plan's member records; calculate your entitlements and/or (as applicable) those of a beneficiary; ensure that the benefit payments, payouts and/or transfers are received as scheduled; provide you and (as applicable) any beneficiaries with documentation relating to the operation of the Plan and resulting entitlements; and to generally administer the Plan.

Some or all of your personal information may be disclosed to your spouse and/or beneficiary if he/she becomes entitled to benefits under the Plan so as to give effect to those entitlements. Some or all of your personal information may be disclosed to third-party plan custodians, auditors and actuaries so that they can perform services in connection with the administration of the Plan and its compliance with applicable legal and regulatory requirements. Such personal information may also be disclosed as required or permitted by law.

I UNDERSTAND THAT ANY BENEFITS PAYABLE FROM THIS PLAN WILL BE ADMINISTERED IN ACCORDANCE WITH MY DESIGNATIONS AS RECORDED ON THE OTHER SIDE OF THIS FORM, AND I CONSENT TO THE ABOVE-DETAILED COLLECTION, USE AND DISTRIBUTION OF PERSONAL INFORMATION.

| | | |
|-------------------------------|---------------------------------------|---------------|
| _____ MEMBER SIGNATURE | _____ MEMBER'S NAME (PLEASE PRINT) | _____ DATE |
| _____ WITNESS SIGNATURE ** | _____ DATE | |

**** WITNESS MUST BE SOMEONE OTHER THAN YOUR SPOUSE/BENEFICIARY**

NOTE 1

For purposes of the Plan, "Spouse" of a Member on any date means either of two persons who,

- (a) Are married to each other, or
- (b) Are not married to each other and are living in a conjugal relationship,
 - (i) Continuously for a period of not less than three years, or
 - (ii) In a relationship of some permanence, if they are the parents of a child as set out in section 4 of the Children's Law Reform Act

NOTE 2

You reserve the right to change the beneficiary, subject always to the provisions of any law or government regulation governing designation of beneficiaries in force from time to time which may apply. If the named beneficiary(ies) predeceases you and no other has been appointed, such proceeds shall be payable to your ESTATE.

Any payments due to a minor will be paid into court until that minor reaches age 18. If you wish to avoid this, you must consult an estate planning lawyer for advice.

Please complete both sides of this form in detail. Any benefits you may be entitled to under your pension plan may not be paid until this form is completed, dated, signed and filed with the plan administrator.

PLEASE RETURN COMPLETED FORM TO: Benefit Plan Administrators Limited
 P.O. Box 3071, Station 'A'
 Mississauga, ON L5A 3A4

REV JUN'17 (ONT)

PLEASE COMPLETE BOTH SIDES OF THIS FORM (SEE OVER)

Steelworkers Pension Plan Registration Number: 0222737

2

Exhibit 3: Pension Contribution Instructions


|  RBC Investor Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------------|------|-----------------------|---|-----------|-------|------|---------------------------|--|--|---|--|------------------------|--|--|--|--|---------------------------|--|--|--|--|--------------------------------|--|--|--|--|----------------------------------|--|--|--|--|---|--|--|--|--|-------------------------------|--|--|--|--|-------------------------------------|--|---------------|--|--|-------------------------------------|--|---------------|--|--|
| PENSION CONTRIBUTION INSTRUCTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLIENT NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAN ACCOUNT NAME <u>STEELWORKERS PENSION PLAN</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RBC ACCOUNT NUMBER <u>121 695 001</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cheque Deposit _____ Wire-In <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">EMPLOYEE CONTRIBUTION</th> <th style="text-align: left;">Contribution period FROM: month/day/year TO: month/day/year</th> <th style="text-align: left;">\$ AMOUNT</th> <th style="text-align: left;">CAD\$</th> <th style="text-align: left;">US\$</th> </tr> </thead> <tbody> <tr> <td>CURRENT SERVICE (2022)</td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>PAST SERVICE (2021)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FUTURE SERVICE (2023)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADDITIONAL VOLUNTARY (2024)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FROM INSURANCE COMPANY (2026)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TRANSFER FROM OTHER TRUSTEE/AGENT (2019)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>other - Please specify: _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL EMPLOYEE CONTRIBUTIONS</td> <td></td> <td style="text-align: right;">\$0.00</td> <td></td> <td></td> </tr> </tbody> </table> | | | | | EMPLOYEE CONTRIBUTION | Contribution period FROM: month/day/year TO: month/day/year | \$ AMOUNT | CAD\$ | US\$ | CURRENT SERVICE (2022) | | | X | | PAST SERVICE (2021) | | | | | FUTURE SERVICE (2023) | | | | | ADDITIONAL VOLUNTARY (2024) | | | | | FROM INSURANCE COMPANY (2026) | | | | | TRANSFER FROM OTHER TRUSTEE/AGENT (2019) | | | | | other - Please specify: _____ | | | | | TOTAL EMPLOYEE CONTRIBUTIONS | | \$0.00 | | | | | | | |
| EMPLOYEE CONTRIBUTION | Contribution period FROM: month/day/year TO: month/day/year | \$ AMOUNT | CAD\$ | US\$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT SERVICE (2022) | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAST SERVICE (2021) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FUTURE SERVICE (2023) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL VOLUNTARY (2024) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM INSURANCE COMPANY (2026) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSFER FROM OTHER TRUSTEE/AGENT (2019) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| other - Please specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL EMPLOYEE CONTRIBUTIONS | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">EMPLOYER CONTRIBUTION</th> <th style="text-align: left;">Contribution period FROM: month/day/year TO: month/day/year</th> <th style="text-align: left;">\$ AMOUNT</th> <th style="text-align: left;">CAD\$</th> <th style="text-align: left;">US\$</th> </tr> </thead> <tbody> <tr> <td>CURRENT SERVICE (2012)</td> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>PAST SERVICE (2011)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FUTURE SERVICE (2013)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SPECIAL (2014)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EXPERIENCE DEFICIENCY (2016)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SOLVENCY DEFICIENCY (2017)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>UNFUNDED LIABILITY (2018)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>other - Please specify: _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL EMPLOYER CONTRIBUTIONS</td> <td></td> <td style="text-align: right;">\$0.00</td> <td></td> <td></td> </tr> </tbody> </table> | | | | | EMPLOYER CONTRIBUTION | Contribution period FROM: month/day/year TO: month/day/year | \$ AMOUNT | CAD\$ | US\$ | CURRENT SERVICE (2012) | | | X | | PAST SERVICE (2011) | | | | | FUTURE SERVICE (2013) | | | | | SPECIAL (2014) | | | | | EXPERIENCE DEFICIENCY (2016) | | | | | SOLVENCY DEFICIENCY (2017) | | | | | UNFUNDED LIABILITY (2018) | | | | | other - Please specify: _____ | | | | | TOTAL EMPLOYER CONTRIBUTIONS | | \$0.00 | | |
| EMPLOYER CONTRIBUTION | Contribution period FROM: month/day/year TO: month/day/year | \$ AMOUNT | CAD\$ | US\$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT SERVICE (2012) | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAST SERVICE (2011) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FUTURE SERVICE (2013) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL (2014) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXPERIENCE DEFICIENCY (2016) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOLVENCY DEFICIENCY (2017) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNFUNDED LIABILITY (2018) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| other - Please specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL EMPLOYER CONTRIBUTIONS | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ABOVE CODES ARE INSERTED FOR INTERNAL USE BY THE RBC INVESTOR & TREASURY SERVICES). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS/COMMENTS (a revised planner is required if the remittances sent to RBC differ from the Contribution Planner previously submitted): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I confirm that I am an individual authorized to sign for the Plan and accordingly, with respect to the information provided herein, I certify that:</p> <p>(a) all contributions owing to the Plan for the period(s) indicated above are being remitted with this Contribution Instruction; and (b) the contribution amounts shown above have been determined in accordance with (i) the terms and conditions of the Plan, (ii) the Plan's current actuarial valuation and the cost certificate which has been or will be submitted to the applicable regulatory authority, (iii) applicable regulatory requirements.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: _____ | | Authorized Signature: _____ | Phone: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: _____ | | Authorized Signature: _____ | Phone: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fax to: _____ | | Mail to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Central Payment Management (416) 955-2102 information.management@rbc.com | | RBC Investor & Treasury Services Attn: Information Management Group, Central Payment Management, PO Box 7500, Station A, Toronto, Ontario M5W 1P9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Exhibit 4: Advice of Separation – Part A



Registration Number: 0222737
Administered by: Benefit Plan Administrators Ltd.
PO Box 3071, Station "A"
Mississauga, ON L5A 3A4

Phone: (905) 275-6466
Toll Free: 1 (800) 867-5615
Fax: (905) 275-6462
steelworkerspensionplan.ca

ADVICE OF SEPARATION

(TO BE COMPLETED BY THE EMPLOYER, THE MEMBER AND CONFIRMATION BY UNION REPRESENTATIVE)

PART A – TO BE COMPLETED BY EMPLOYER

CHECK ONE: ☐ **TERMINATION** ☐ **RETIREMENT** ☐ **DEATH** ☐ **TRANSFER OUT-OF-PLAN**

| | | | |
|--|-------------|---------------|-----------|
| COMPANY/LOCATION | | | |
| MEMBER'S NAME | (LAST NAME) | (FIRST NAME) | (INITIAL) |
| MEMBER'S MAILING ADDRESS | (ADDRESS) | (CITY) | |
| | (PROVINCE) | (POSTAL CODE) | |
| MEMBER'S SOCIAL INSURANCE NUMBER | | | |
| EMPLOYEE NUMBER | | | |
| MEMBER DATE OF BIRTH | (YEAR) | (MONTH) | (DAY) |
| DATE OF HIRE | (YEAR) | (MONTH) | (DAY) |
| DATE OF: TERMINATION/RETIREMENT/DEATH/TRANSFER | (YEAR) | (MONTH) | (DAY) |
| PENSION CONTRIBUTIONS REMITTED IN YEAR OF SEPARATION (REQUIRED INFORMATION) | \$ | | |
| TOTAL EARNINGS REPORTED IN YEAR OF SEPARATION IN ACCORDANCE WITH COLLECTIVE AGREEMENT (REQUIRED INFORMATION) | \$ | | |
| AUTHORIZED EMPLOYER REPRESENTATIVE NAME & TITLE (PLEASE PRINT) | | | |
| AUTHORIZED EMPLOYER REPRESENTATIVE | SIGNATURE | | |
| | DATE | | |

MEMBER AND UNION REPRESENTATIVE TO COMPLETE REVERSE SIDE

SEE OVER

Exhibit 4: Advice of Separation – Part B

ADVICE OF SEPARATION PART B – TO BE COMPLETED BY MEMBER

| | |
|--|---|
| MEMBER'S NAME | (LAST NAME) (FIRST NAME) (INITIAL) |
| IS THERE A COURT ORDER OR AN AGREEMENT IN EFFECT REQUIRING ALL/PART OF YOUR PENSION BENEFIT/PENSION BENEFIT CREDIT/OTHER BENEFITS UNDER THIS PENSION PLAN TO BE TO BE DISTRIBUTED TO A SPOUSE OR TO A FORMER SPOUSE? (CHECK ONE BOX) | YES () NO () |
| DECLARATION OF SPOUSAL STATUS (SEE NOTE 1 BELOW) | I HAVE A SPOUSE AS DEFINED UNDER THE PENSION PLAN () I DO NOT HAVE A SPOUSE AS DEFINED UNDER THE PENSION PLAN () |
| SPOUSE'S NAME (REQUIRED FOR RETIREMENT) | (LAST NAME) (FIRST NAME) (INITIAL) |
| SPOUSE'S DATE OF BIRTH (REQUIRED FOR RETIREMENT) | (YEAR) (MONTH) (DAY) |
| SPOUSE'S SOCIAL INSURANCE NUMBER (REQUIRED FOR RETIREMENT) | |
| I DO HEREBY CERTIFY TO THE ADMINISTRATOR THAT THE INFORMATION WHICH I HAVE PROVIDED ON THIS FORM IS COMPLETE AND CORRECT | MEMBER SIGNATURE |
| | DATE |

PART C – UNION CONFIRMATION

| | |
|--|----------------|
| GRIEVANCE PENDING | YES () NO () |
| UNION REPRESENTATIVE NAME (PLEASE PRINT) | |
| UNION REPRESENTATIVE | SIGNATURE |
| | DATE |

PLEASE RETURN THE COMPLETED FORM TO: STEELWORKERS PENSION PLAN
C/O BENEFIT PLAN ADMINISTRATORS LTD
P.O. BOX 3071 STATION A
MISSISSAUGA ON L5A 3A4

Note 1. Under the Pension Plan, "Spouse" means either of two person who

- (a) Are married to each other; or
- (b) Not married to each other and are living in a conjugal relationship,
 - (i) Continuously for a period of not less than 3 years, or
 - (ii) In a relationship of some permanence, if they are the natural or adoptive parents of a child both as defined in the *Family Law Act*.

SEE OVER

Exhibit 5: Application for Death Benefits



Registration Number: 0222737
Administered by: Benefit Plan Administrators Ltd.
PO Box 3071, Station "A"
Mississauga, ON L5A 3A4

Phone: (905) 275-6466
Toll Free: 1 (800) 867-5615
Fax: (905) 275-6462
steelworkerspensionplan.ca

APPLICATION FOR DEATH BENEFIT

TO: Steelworkers Pension Plan, administrator of the Plan (the "Board of Trustees")

AND TO: Benefit Plan Administrators Limited ("BPA")

1. My full name is _____ (S.I.N. _____) and my full address is _____ (please print)
2. I understand that, as a result of the death of _____ (S.I.N. _____) the deceased, who was a Member or Former Member of the Plan, a death benefit may be payable under the terms of the Plan.
3. I hereby declare that based on the following, I am entitled to receive any death benefit that may be payable [please check ONE appropriate box]:
 - ☐ a) I was married to the deceased on his/her date of death and was not living separate and apart from him/her on the date of his/her death, or
 - ☐ b) To the best of my knowledge and belief, there is no person to whom a) above applies. I cohabited with the deceased in a conjugal relationship,
 - ☐ (i) for a period of not less than three (3) years immediately prior to his/her date of death, or
 - ☐ (ii) in a relationship of some permanence and are the natural or adoptive parents of a child as set out in Section 4 of the Children's Law Reform Act, or
 - ☐ c) To the best of my knowledge and belief, there are no persons to whom a) or b) above apply, and I am the beneficiary designated by the deceased to receive any death benefits payable under the terms of the Plan, or
 - ☐ d) To the best of my knowledge and belief, there are no persons to whom a) or b) above apply, and I am the estate trustee, with or without a will (as the case may be), in respect of the estate of the deceased. Attached is a court certified copy of the certificate of appointment appointing me as the estate trustee, with or without a will (as the case may be), in respect of the estate of the deceased issued by the court.
4. I understand that this application must be completed and filed with the Board of Trustees before any payment will be made.
5. I declare that the information provided in this application is true and complete.
6. I acknowledge that I may be required to provide further documents and information if so requested by the Board of Trustees and/or BPA.
7. I hereby apply to receive the amount payable (if any) under the Plan.
8. I understand and acknowledge that any and all payments made to me from the Plan are based on this application and, in the event that this application is not valid or the information provided in this application is inaccurate, or if any other person claims entitlement, then any and all payments made to me from the Plan shall be held by me in trust for the Plan and I shall return such payment to the Plan forthwith at the request of the Board of Trustees.
9. I hereby authorize the Board of Trustees and BPA to use the information provided by me in this application and the information about me previously provided by the deceased for purposes of the administration of the Plan. I understand that the information provided by me herein will be kept in strictest confidence and will be used only for purposes authorized herein and that some or all of the information may be disclosed to other service providers so that they can perform services in connection with the administration of the Plan and their compliance with the law and I consent to such disclosure.
10. Signed at _____ on this _____ day of _____, 2_____

Signature of Applicant

STATEMENT OF WITNESS

I certify that:

1. My full name is: _____ (please print)
2. My address is: _____ (please print)
3. I witnessed this applicant sign this application.

Signature of Witness

Date



Acceptable Proof of Age Documents

The following types of documents are acceptable as proof of Age of a Member or former Member and Spouse of a Member or former Member:

- ☒ Birth Certificate issued by government authority.
- ☒ Citizenship papers, immigration papers, military record, or passport, which shows date of birth.
- ☒ A valid Driver's Licence



A photocopy of the document is sufficient. If, however, you submit the original document, it will be returned to you by the Administrator by registered mail.

Exhibit 7: Request by Member or Former Member for Retirement Information



Registration Number: 0222737
Administered by: Benefit Plan Administrators Ltd.
PO Box 3071, Station "A"
Mississauga, ON L5A 3A4

Phone: (905) 275-6466
Toll Free: 1 (800) 867-5615
Fax: (905) 275-6462
steelworkerspensionplan.ca

REQUEST BY MEMBER OR FORMER MEMBER FOR RETIREMENT INFORMATION

To Member or Former Member: Before you complete this request, please read the Notes printed on the back of the form. So that we may provide you with full information as to your available Pension benefits, and application forms to arrange payment, you must supply information about yourself by completing Part One of this form and sending it to the Administrator with acceptable proof of your age. If you do not have a Spouse (see Note 1), nothing more is needed. However, if you do have a Spouse, you must also supply information about your Spouse (even if some of the details are the same as yours) by fully completing Part Two of this form and providing proof of age for your Spouse.

You will not receive retirement information or any further forms until you send a fully completed Request form and necessary birthdate proofs to the Administrator.

PART ONE - INFORMATION ABOUT YOU

| | | |
|--|----------------|--|
| LAST NAME | FIRST NAME | MIDDLE INITIAL(S) |
| HOME ADDRESS | | |
| CITY | PROVINCE | POSTAL CODE |
| DATE OF BIRTH | S. I. N. | Home Tel. No. |
| CURRENT EMPLOYER | LOCAL UNION | I WISH TO RETIRE ON THE 1 ST OF 20 |
| IS THERE A COURT ORDER OR AN AGREEMENT (SEE NOTE 2) IN EFFECT REQUIRING ALL/PART OF YOUR PENSION BENEFIT/PENSION BENEFIT CREDIT/OTHER BENEFITS UNDER THIS PENSION PLAN TO BE TO BE DISTRIBUTED TO A SPOUSE (SEE NOTE 1) OR TO A FORMER SPOUSE? (CHECK ONE BOX) | | YES () NO () |
| IF ANSWER IS "YES" COPY OF COURT ORDER OR AGREEMENT IS TO BE ENCLOSED (SEE NOTE 2) | | |

PART TWO - INFORMATION ABOUT YOUR SPOUSE (SEE NOTE 1)

| | | |
|------------------|---------------|-------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL(S) |
| HOME ADDRESS | | |
| CITY | PROVINCE | POSTAL CODE |
| DATE OF BIRTH | S. I. N. | HOME TEL. NO. |

Please provide me with retirement information.

I have a Spouse and have completed Parts One and Two of the forms. ()

I do not have a Spouse and have completed only Part One of the form. ()

I do hereby certify to the Administrator that the information which I have provided on this form is completed and correct.

Date: _____ Signature of Member/Former Member: _____

NOTES

1. Under the Pension Plan, "Spouse" means either of two persons who
 - (a) are married to each other; or
 - (b) not married to each other and are living together in a conjugal relationship,
 - (i) continuously for a period of not less than 3 years, or
 - (ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child both as defined in the *Family Law Act*.

If a Member/former Member has a Spouse at the time when a monthly pension benefit commences to be paid under the Pension Plan, the Spouse of the Member/former Member is entitled by law to receive a mandatory joint and survivor pension benefit for life (reducing to 60% of the joint benefit, if the Spouse survives the death of the Member/former Member), unless the Spouse agrees in writing to a election by the Member/former Member prior to his retirement for any optional monthly pension benefit available under the Pension Plan that would result in the Spouse receiving less than the mandatory joint and survivor pension benefit which the Spouse would receive as survivor of the Member/former Member.

2. The *Pension Benefits Act* R.S.O. 1990 recognizes that on divorce, annulment or separation of a Member/former Member and that person's spouse:
 - a court order or an agreement between the Member/former Member and that person's spouse may require all or part of the Member's/former Member's pension benefit, pension benefit credit or other benefits to be distributed to that person's spouse; and
 - a Member/former Member may assign all or part of the Member's/former Member's pension benefit, pension benefit credit or other benefits to that person's spouse, effective as of their divorce, annulment or separation.

For purposes of agreements and assignments to which these provisions apply, a "spouse" means a spouse as defined in Note 1 above. For purposes of court orders, however, a spouse may have a different meaning depending on the applicable provincial property law relating to the distribution of property of spouses on divorce, annulment or separation.

In accordance with the Act, the Pension Plan contains provisions to give effect to these court orders, agreements and assignments, which affect the pension benefit, pension benefit credit and other benefits to which the Member/former Member would otherwise be entitled under the Pension Plan.

When requested to do so by either the Member/former Member or that person's spouse or by both of them jointly, and after receiving a copy of the court order, agreement or assignment, the Trustees are required to determine and administer the pension benefit, pension benefit credit and other benefits of the Member/former Member under the Pension Plan in accordance with the court order, agreement or assignment.

- (i) after being satisfied, if a court order, that may appeal from the court order has been finally determined or that the time for appealing from the court order has expired; and
- (ii) after giving notice of the request, and a copy of the court order, agreement or assignment to the non-requesting Member/former Member or that person's spouse, unless both of them have made a joint request.

COLLECTION OF PERSONAL INFORMATION

To the Member or Former Member: Benefit Plan Administrators Limited (“BPA”) on behalf of the Board of Trustees has collected the personal information in this form (and any attachments you may have provided) from you for use in the administration of your group pension plan and your resulting entitlements. BPA has also previously collected personal information from you via your completion of your pension enrolment card, as well as personal information relating to your years of credited service; your expected date of retirement; your actual date of retirement; and the identification of your union and local.

This personal information will be used to maintain the Plan’s member records; calculate your entitlements and/or (as applicable) those of a beneficiary; ensure that benefit payments, payouts and/or transfers are received as scheduled; provide you and (as applicable) any beneficiaries with documentation relating to the operation of the Plan and resulting entitlements; and to generally administer the Plan.

Some or all of your personal information may be disclosed to your spouse and/or beneficiary if he/she becomes entitled to benefits under the Plan, so as to give effect to those entitlements. Some or all of your personal information may be disclosed to third-party plan custodians, auditors and actuaries so that they can perform services in connection with the administration of the Plan and its compliance with applicable legal and regulatory requirements. Such personal information may also be disclosed as required or permitted by law.

I CONSENT TO THE ABOVE-DETAILED COLLECTION, USE AND DISTRIBUTION OF PERSONAL INFORMATION.

Member’s Signature

Date

TO THE EXTENT THAT ANY OF THE ABOVE-DESCRIBED PERSONAL INFORMATION IS ABOUT THE UNDERSIGNED AS BENEFICIARY, I CONSENT TO ITS COLLECTION, USE AND DISCLOSURE AS DESCRIBED ABOVE.

Beneficiary’s Signature

Date

TO THE EXTENT THAT ANY OF THE ABOVE-DESCRIBED PERSONAL INFORMATION IS ABOUT THE UNDERSIGNED AS SPOUSE, I CONSENT TO ITS COLLECTION, USE AND DISCLOSURE AS DESCRIBED ABOVE.

Spouse’s Signature

Date

Exhibit 8: Notice of Retirement and Election of Option



Registration Number: 0222737
 Administered by: Benefit Plan Administrators Ltd.
 PO Box 3071, Station "A"
 Mississauga, ON L5A 3A4

Phone: (905) 275-6466
 Toll Free: 1 (800) 867-5615
 Fax: (905) 275-6462
 steelworkerspensionplan.ca

NOTICE OF RETIREMENT AND ELECTION OF OPTION

| | | |
|---|---|----------|
| Member (Surname): Lname | (First) Fname | (Middle) |
| Address of Member: Address, city, prov, postal code | | |
| Social Insurance Number: SIN Number | Date of Birth: Date of birth | |
| Date of Entry into Plan: DJP | Credited Service: years | |
| Actual Pension Commencement Date: APCD | Normal Pension Commencement Date: NPCD | |
| Province of Employment: Ontario | Marital Status: Married | |
| Monthly Pension Payable at Actual Commencement Date (Based on a Life Pension – Guaranteed for 5 Years): \$Amount of Pension | Monthly Pension Payable at Normal Commencement Date (Based on a Life Pension – Guaranteed for 5 Years): \$Amount of Pension | |
| SPOUSE/BENEFICIARY INFORMATION | | |
| Name of Spouse: Name of Spouse | | |
| Social Insurance Number of Spouse: SIN number | Date of Birth of Spouse: Date of birth | |
| Name of Beneficiary: Name of Spouse | Relationship of Beneficiary: Spouse | |

DECLARATION OF SPOUSAL STATUS

"Spouse" as defined under the Plan shall mean either of two persons who:

- (a) are married to each other; or
- (a) are not married to each other and are living together in a conjugal relationship,
 - (i) continuously for a period of not less than three (3) years, or
 - (ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child, both as defined in the *Family Law Act*.

Please check and complete **one** of the following:

- ☐ I hereby certify that as of the date of this declaration, _____ is my
 (Full Name of Spouse)
 Spouse whose date of birth is _____.
 (DDMMYYYY)
- ☐ I hereby certify that, as of the date of this declaration, I do not have a Spouse.

IS THERE A COURT ORDER OR AN AGREEMENT IN EFFECT REQUIRING ALL OR PART OF YOUR PENSION BENEFIT CREDIT UNDER THIS PLAN TO BE DISTRIBUTED TO A SPOUSE, OR TO A FORMER SPOUSE ?

(CHECK ONE) YES ☐ NO ☐

IF ANSWER IS 'YES' YOU MUST ENCLOSE A COPY OF THE COURT ORDER OR AGREEMENT.

 (Signature of Member)

 (Date)

 (Name of Witness, please print)

 (Signature of Witness)

ESTIMATE OF AMOUNTS AVAILABLE UNDER RETIREMENT OPTIONS

The following is to advise you of the estimated amount of your monthly retirement income and the methods of payment available, so that you may select the pension best suited to your financial requirements.

SECTION I - of this form shows the approximate amounts available under the Plan options. **PLEASE READ VERY CAREFULLY.**

SECTION II - is the election you must make with respect to optional benefits under the Plan. Please note, that if you do not elect either Option No. 1, 2 or 3, you must submit a completed **WAIVER OF JOINT AND SURVIVOR PENSION and CERTIFICATE OF INDEPENDENT LEGAL ADVICE FORMS.**

If you have a spouse, you may only elect Option 1, 2 or 3 unless the attached Waiver of Joint and Survivor Pension Form is completed and filed with the Administrator. If you do not have a spouse, you may only elect Options 4 to 6.

SECTION I**Option 1: Joint and Survivorship Pension Continuing in the Same Amount**

This pension is payable monthly for as long as you live, and after your death, if your spouse is still living, pension payments in the same amount as you were receiving will continue for your spouse's remaining lifetime.

AMOUNT OF PENSION PAYABLE TO YOU FOR YOUR LIFETIME \$

AFTER YOUR DEATH, AMOUNT OF PENSION PAYABLE FOR YOUR SPOUSE'S REMAINING LIFETIME \$

Option 2: Joint and Survivorship Pension Reducing to 75%

This pension is payable monthly for as long as you live, and after your death, if your spouse is still living, pension payments of 75% of the amount you were receiving will continue for your spouse's remaining lifetime.

AMOUNT OF PENSION PAYABLE TO YOU FOR YOUR LIFETIME \$

AFTER YOUR DEATH, AMOUNT OF PENSION PAYABLE FOR YOUR SPOUSE'S REMAINING LIFETIME \$

Option 3: Joint and Survivorship Pension Reducing to 60%

This pension is payable monthly for as long as you live, and after your death, if your spouse is still living, pension payments of 60% of the amount you were receiving will continue for your spouse's remaining lifetime.

AMOUNT OF PENSION PAYABLE TO YOU FOR YOUR LIFETIME \$

AFTER YOUR DEATH, AMOUNT OF PENSION PAYABLE FOR YOUR SPOUSE'S REMAINING LIFETIME \$

Option 4: Life Pension - Guaranteed 180 Months

This pension is payable monthly for as long as you live. If you should die before receiving 180 monthly payments, pension payments in the same amount as you were receiving will continue to be paid to your beneficiary or estate, for the balance of the 180 months.

AMOUNT OF PENSION PAYABLE \$

Option 5: Life Pension - Guaranteed 120 Months

This pension is payable monthly for as long as you live. If you should die before receiving 120 monthly payments, pension payments in the same amount as you were receiving will continue to be paid to your beneficiary or estate, for the balance of the 120 months.

AMOUNT OF PENSION PAYABLE \$

Option 6: Life Pension - Guaranteed 60 Months

This pension is payable monthly for as long as you live. If you should die before receiving 60 monthly payments, pension payments in the same amount as you were receiving will continue to be paid to your beneficiary or estate, for the balance of the 60 months.

AMOUNT OF PENSION PAYABLE \$

Name: name of member

S.I.N: 111 111 111

Steelworkers Pension Plan Registration Number: 0222737

2

COLLECTION OF PERSONAL INFORMATION

To the Member or Former Member: Benefit Plan Administrators Limited (“BPA”) on behalf of the Board of Trustees has collected the personal information in this form (and any attachments you may have provided) from you for use in the administration of your group pension plan and your resulting entitlements. BPA has also previously collected personal information from you via your completion of your pension enrolment card, as well as personal information relating to your years of credited service; your expected date of retirement; your actual date of retirement; and the identification of your union and local.

This personal information will be used to maintain the Plan’s member records; calculate your entitlements and/or (as applicable) those of a beneficiary; ensure that benefit payments, payouts and/or transfers are received as scheduled; provide you and (as applicable) any beneficiaries with documentation relating to the operation of the Plan and resulting entitlements; and to generally administer the Plan.

Some or all of your personal information may be disclosed to your spouse and/or beneficiary if he/she becomes entitled to benefits under the Plan, so as to give effect to those entitlements. Some or all of your personal information may be disclosed to third-party plan custodians, auditors and actuaries so that they can perform services in connection with the administration of the Plan and its compliance with applicable legal and regulatory requirements. Such personal information may also be disclosed as required or permitted by law.

I CONSENT TO THE ABOVE-DETAILED COLLECTION, USE AND DISTRIBUTION OF PERSONAL INFORMATION.

Member’s Signature

Date

TO THE EXTENT THAT ANY OF THE ABOVE-DESCRIBED PERSONAL INFORMATION IS ABOUT THE UNDERSIGNED AS BENEFICIARY, I CONSENT TO ITS COLLECTION, USE AND DISCLOSURE AS DESCRIBED ABOVE.

Beneficiary’s Signature

Date

TO THE EXTENT THAT ANY OF THE ABOVE-DESCRIBED PERSONAL INFORMATION IS ABOUT THE UNDERSIGNED AS SPOUSE, I CONSENT TO ITS COLLECTION, USE AND DISCLOSURE AS DESCRIBED ABOVE.

Spouse’s Signature

Date

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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