



PENSION PLAN BENEFIT APPLICATION FORM

Operating Engineers LOCAL 904

PART A: Member Information

Name of Member: _____

S.I.N.: ____/____/____ Date of Birth: ____/____/____
D M Y

Full Address: _____

Email: _____ Phone Number: _____

Date Joined Union: ____/____/____ Date Last Worked: ____/____/____
D M Y D M Y

Last Company Worked For: _____

Last Province Worked In: _____

PART B: Reason for benefit payment request (please check one)

Retirement: _____ Termination of Plan Membership: _____

Disability Retirement: _____ Death: _____

Effective Date: ____/____/____
D M Y

(Effective date means: the date you terminated from the Union, or the date you wish to commence your monthly pension, or the date of death)

PART C: Member Certification

I hereby certify that the information shown in PART A is true and correct to the best of my knowledge and belief and that I am eligible for any benefits which may be payable as a result of the reasons stated in PART B.

Date: _____ Signature of Member: _____

(Please attach a copy of your birth certificate, if you are retiring you must also include a copy of your spouses' birth certificate.)

PART D: Certification of Union Representative

I hereby certify that the information shown in PARTS A and B are true and correct to the best of my knowledge and belief.

Date: _____ Signature of Union Representative: _____

POSSESSION OF THIS FORM DOES NOT CONSTITUTE ELIGIBILITY FOR BENEFITS