



# Millwrights Union Local 2736

#102 - 580 EBURY PLACE, DELTA, BRITISH COLUMBIA V3M 6MB

• OFFICE 604-525-2736 • FAX 604 -525-1335

## Pension Plan Termination/Retirement Request Form

### MEMBER INFORMATION *(this section is required)*

Member's Name: \_\_\_\_\_ Member's Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### TERMINATION REQUEST *(complete this section if you are under age 55)*

I confirm that I am no longer an active member of the Millwrights Union Local 2736 Pension Plan *(check one)*:

- 1. I was never a member of the Union.
- 2. I left the Union as of: \_\_\_\_\_ *(date)*.
- 3. I have not contributed more than 350 hours into the Pension Plan for 2 consecutive years.

*By completing this section, you agree to permanently withdraw your employment from the Union indefinitely.*

### RETIREMENT REQUEST *(complete this section if you are age 55 or older)*

I hereby elect to retire from the Union as of: \_\_\_\_\_ *(date of retirement)*.

Further to my retirement, I elect the following option with respect to my Union dues *(check one)*:

- 1. I am under age 65, or I am age 65 with less than 30 years of service — \$16.80/month.
- 2. I am age 65 or older with at least 30 years of service — \$6.00/month.
- 3. I want to retire and stop paying Union dues — \$0.00/month.

*Please be advised that once you retire, you will no longer be eligible to be on the "available to work" list.*

*If you wish to continue on the Millwrights Local 2736 Health Benefit Plan for active members by running out your hour bank and/or transition onto the Retiree Health Benefit plan, you must select an option in which you continue to pay Union dues (i.e. option 1 or 2 above). Furthermore, if you select a dues paying option, you will continue to receive newsletters and be included in Union events. Please see the attached letter for more information about your benefits after retirement.*

By completing this form, I understand that the Plan Administrators (D.A. Townley and/or Canada Life) will be informed of my termination/retirement and will send me my pension benefit payment options under the Millwrights Union Local 2736 Pension Plan, where applicable.

\_\_\_\_\_  
*Member's Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Union's Signature*

\_\_\_\_\_  
*Date Signed*

For Office use Only:  QTrades  Personify  D.A. Townley  Last Contribution Date: \_\_\_\_\_