

# N.D.T. INDUSTRY PENSION PLAN

## APPLICATION FOR ENROLMENT AND BENEFICIARY DESIGNATION

☐ New ☐ Revised

This is a 2 sided form - please complete both pages in ink and print clearly. Please ensure you have signed and dated this form.

### 1. APPLICANT DATA

NAME	SURNAME	GIVEN NAME	INITIALS	SOCIAL INSURANCE NUMBER
ADDRESS (No. and Street)		CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> PREFER NOT TO DISCLOSE <input type="checkbox"/> FEMALE <input type="checkbox"/> ANOTHER GENDER	DATE OF BIRTH (Year, Month, Day)	
UNION AFFILIATION AND LOCAL NO.	EMPLOYER	DATE OF EMPLOYMENT (Year, Month, Day)		

### 2. MARITAL STATUS DECLARATION

*The person who is your Spouse has important rights under the Pension Plan. If you die before you withdraw your benefits from the Pension Plan, your Spouse may be entitled to a death benefit. If on your pension commencement date you have a Spouse, your pension may have to be paid in a joint survivor form, which will give your Spouse a survivor pension if he/she survives you.*

*The definition of "Spouse" that applies to you depends on the pension legislation in the province in which you work.*

**If you work in Alberta**, you have a Spouse if there is a person who meets the following description:

*in relation to another person,*

- a) *a person who, at the relevant time, was married to that other person and had not been living separate and apart from that other person for 3 or more consecutive years, or*
- b) *if there is no person to whom subclause (a) applies, a person who, immediately preceding the relevant time, had lived with that other person in a conjugal relationship*
  - (i) *for a continuous period of at least 3 years, or*
  - (ii) *of some permanence, if there is a child of the relationship by birth or adoption;*

**If you work in Ontario**, you have a Spouse if there is a person who meets the following description:

*either of two persons who,*

- a) *are married to each other, or*
- b) *are not married to each other and are living together 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 natural or adoptive parents of a child, both as defined in the Family Law Act;*

**If you are working in a different province than Alberta or Ontario**, you must contact the Plan Administrator to find out the definition of Spouse that applies to you. The Plan Administrator's contact information is at the top of this page.

I hereby certify that I have read the above definitions or contacted the Plan Administrator and that **as of the date of this declaration:** (PLEASE CHECK ONE)

☐

I do not have a Spouse

☐

I have a Spouse, whose name, birth date and Social Insurance Number is as follows:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse's Social  
Insurance Number

Spouse's Date of Birth  
(Year, Month, Day)

**IF MY MARITAL STATUS CHANGES IN THE FUTURE, I UNDERSTAND I MUST NOTIFY THE PLAN ADMINISTRATOR OF THIS CHANGE.**

**3. BENEFICIARY DESIGNATION** (Please complete this Section even if Section 2 is completed)

*This designation applies if you die before you withdraw your benefits from the Pension Plan. If you have a Spouse (as defined in Section 2) on your date of death, the death benefit will be paid to your Spouse, unless a valid written waiver is completed by the Spouse. If you do not have a Spouse at death, or your Spouse signs a waiver, the death benefit will be paid to the beneficiary set out below. If on the date of death you have a former Spouse, he or she may have an interest pursuant to matrimonial property legislation in all or part of the death benefit. This interest may override, in whole or in part, your beneficiary designation.*

If I die before I withdraw the benefits that are owing to me under the Pension Plan, I designate the following individual(s) or organization(s) as my beneficiary(ies) and revoke any prior designation I have made:

NAME (Surname, Given Name & Initials)	RELATIONSHIP	PERCENT	IMPORTANT NOTES
		%	☞ If you name more than one beneficiary, show percentages. ☞ If beneficiary is a minor, name a Trustee on his/her behalf
		%	
		%	
		%	

If sufficient space is not available on this form for the beneficiary designation desired, check here ☐ and complete a separate sheet to be attached to this form. The attachment should also be signed and dated.

If your beneficiary is a minor, please name an adult Trustee here: \_\_\_\_\_

*The Administrator of the Pension Plan shall have no responsibility to monitor the actions of the named Trustee.*

**You may change your beneficiary at any time by completing and submitting a new enrolment form to the Plan Administrator. The new form may be obtained from the Plan Administrator or from your Employer.**

**4. COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

*The collection, use and disclosure of an individual's personal information by the Board of Trustees of the Pension Plan (or the Trustees' authorized agent, including the Plan Administrator) during their participation in the Pension Plan is for the purpose of administering the Pension Plan and the benefits that are conferred on Members of the Pension Plan. The collection, use and disclosure of personal information about individual Members of the Pension Plan will be done in a manner that is reasonable. Furthermore, reasonable security arrangements will be taken to prevent any unauthorized access, collection, use, disclosure, copying, modification or disposal of personal information about individual Members of the Pension Plan.*

**5. PRIVACY QUESTION**

In order to verify your identity when you call the Plan Administrator, please provide a personal fact or question along with the answer that only you would be able to answer (mother's maiden name, place of birth etc.):

**Question:** \_\_\_\_\_ **Answer:** \_\_\_\_\_

**6. APPLICATION FOR ENROLMENT**

I, the undersigned, hereby:

- apply to be enrolled as a Member of the N.D.T. Industry Pension Plan,
- certify that the information provided on this form is correct,
- consent to the collection, use and disclosure of my personal information by the Board of Trustees of the Pension Plan (or its authorized agent) for the purpose of administering the Pension Plan and the benefits that may be conferred on Members of the Pension Plan,
- agree to be bound by all the terms and conditions of the Pension Plan,
- agree to promptly update the Board of Trustees or the Plan Administrator on any changes to the status of a Spouse or beneficiary, and
- agree that I am liable for any benefit paid out incorrectly in the event that I have not updated the Board of Trustees or the Plan Administrator on any change to the status of a Spouse or beneficiary.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF APPLICANT (please print)

**PLEASE SUBMIT COMPLETED FORM TO THE PLAN ADMINISTRATOR**

NDT Industry Pension Plan  
45 McIntosh Drive. Markham, ON. L3R 8C7  
or submit by Fax: 905-946-2535  
Email: [pension@ndtbenefits.org](mailto:pension@ndtbenefits.org)

Privacy Statement: I authorize the NDT Industry Health Benefit and Pension Plans (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.