



Coughlin & Associates Ltd.
P.O. Box 764
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Ph. (204) 942-4438 1-888-204-1234

PENSION TRUST FUND

APPLICATION FOR GROUP COVERAGE

Please print clearly and complete both sides of this form, in INK. Sections 2 through 4 are to be completed by the plan member. Completion of this form does not guarantee that you or your dependents are eligible for benefits

1. Privacy

This section explains Coughlin & Associates Ltd.'s commitment to privacy.

Please read carefully.

Protecting Your Personal Information

The Administrator of your Group Pension Plan is Coughlin & Associates Ltd. (Coughlin). At Coughlin, we recognize and respect every individual's right to privacy. When you apply for enrolment, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the information to determine your eligibility for pension benefits and to administer the pension benefit plan.

Why do we ask for your Social Insurance Number?

We ask for your SIN for:

- Income tax reporting purposes, to comply with the requirements under the Federal Income Tax Act, and
- Administrative purposes, such as ensuring the accuracy and integrity of your personal information by using your SIN as an internal identification number for you.

Use of name and address

From time to time, Coughlin & Associates Ltd. may use the address it has on file to provide you with additional information regarding the pension benefit you are entitled to receive through your pension benefit plan. Your Consent allows Coughlin & Associates Ltd. to send additional information on these programs to you. Your name and address will not be used for any other purpose or disclosed to any other party, except where required by law. If you do not wish to receive such material, please contact Coughlin & Associates Ltd. at 204-942-4438 or, toll free, 1-888-204-1234 and your name and address will be removed from the contact list.

2. Plan Member Information

This section is to be completed by the plan member.

Please print clearly, in INK.

_____ union or plan name

_____ last name given name(s) (in full) and middle initial

_____ mailing address city and province postal code

_____ telephone email address

_____ date of birth (day/month/year) social insurance number

Gender

Male Female

Marital Status

Single Married*
 Separated/Divorced Common-Law*
 Widowed

*Date of Marriage or Commencement of Common-Law Relationship

_____ day month year

*Note: As per pension legislation, the dates of declaration and dissolution of common-law relationships must be provided.

Please TURN OVER – Both sides of this application must be completed

Please complete:

Plan Name: _____ Plan member name: _____ Date: _____

3. Pension Beneficiary Designation

This section is to be completed by the plan member.

This section must be completed to designate a beneficiary for your pension death benefits, if applicable.

Note: Under pension legislation, your spouse (or common-law partner, if he/she fulfills the legal common-law definition) is automatically the designated beneficiary unless your spouse completes a government form waiving this benefit.

Please print clearly, in INK.

Note: Not required if the plan member has already completed a written Trust Agreement.

In the event that I do not have a spouse at the date of my death, I hereby appoint the following revocable beneficiary(s) of any Pension benefits payable under the Trust Fund upon my death, and discharge the Trustees of the Plan to the extent of such payment. (Note: Your designation of a beneficiary will not be revoked or changed automatically by any future marriage or divorce. If no beneficiary is named, the distribution of your benefits will be paid to your Estate. If more than one beneficiary is named, **total distribution of the benefits must equal 100%**.)

Beneficiary's Name(s)			Percent allocated	Relationship to plan member
last name	first name	middle initial	_____	_____
last name	first name	middle initial	_____	_____
last name	first name	middle initial	_____	_____

Contingent beneficiary – or Secondary beneficiary in the event the beneficiary(s) dies before me, the pension benefit set out in the pension plan is to be paid to:

Name of contingent beneficiary Relationship to plan member

TRUSTEE APPOINTMENT

If designating a beneficiary who is a minor (under age 18) or who lacks legal capacity to receive the proceeds, you **must** appoint a trustee/administrator.

If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

Trustee Name Relationship to plan member

4. Authorizations and Declarations

This section must be signed by the plan member.

Authorizations and Declarations

I hereby apply for enrolment in the group pension plan administered by Coughlin & Associates Ltd. I authorize:

- Coughlin to use my social insurance number to administer my pension benefits under the group pension plan, when required;
- Coughlin, other insurance companies or benefit providers working with Coughlin to exchange information, when necessary, to determine my eligibility for pension benefits and to administer the pension plan.

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

I authorize the following persons to request changes to my personal information or request information on my Pension Plan Benefits:

(Anyone that you name shall be authorized as your agent to request information.)

(Anyone that you name shall be authorized as your agent to request changes.)

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

Plan member signature: _____ **Date:** _____