

UNITE HERE PENSION PLAN APPLICATION FOR PENSION BENEFITS

PART 1 (TO BE COMPLETED BY PLAN MEMBER/BENEFICIARY)

- **TERMINATION** benefit (prior to age 55)
- **EARLY RETIREMENT** benefit (age 55 to age 64) (Please attach proof of age for Plan Member and Spouse)
- **RETIREMENT** benefit (age 65 to age 71) (Please attach proof of age for Plan Member and Spouse)
- **DEATH** benefit (Please attach proof of death for Plan Member)

Plan Member's Name: _____

Address: _____ APT.# _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ - _____ - _____ Email: _____

Date of Birth: _____ / _____ / _____ Sex: • M • F
 Day **Month** **Year**

S.I.N. : _____ - _____ - _____

Employer: _____ From: _____ To: _____

Have you worked at any other employer while you were a member of Local 75?

Employer: _____ From: _____ To: _____

Employer: _____ From: _____ To: _____

Marital Status: Single Married Common Law Separated Divorced Widowed

Spouse's/Partner's Name: _____

Spouse's/Partner's Date of Birth: _____ / _____ / _____
 Day **Month** **Year**

I understand the pension benefit will be based on the terms of the UNITE HERE Pension Plan (formerly called the H.E.R.E. Union Local 75 Pension Plan), the records established by the Plan Administrator, and any applicable laws. I hereby certify that the above information is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Please mail completed original form to:
Soben Ltd.
150 Consumers Road, Suite #302, Toronto, Ontario, M2J 1P9

PART 2 ON REVERSE MUST BE COMPLETED BY YOUR EMPLOYER

UNITE HERE PENSION PLAN APPLICATION FOR PENSION BENEFITS

PART 2 (TO BE COMPLETED BY EMPLOYER)

Employee's Name: _____
Last Name First Name

Date Started Employment: _____
Day Month Year

Date Terminated Employment: _____
Day Month Year

Last Day worked: _____
Day Month Year

Date of Last Pension Plan Contribution: _____
Day Month Year

If Last Day Worked/Last Pension Contribution is different than Date of Termination, please provide an explanation:

I hereby certify the above information to be correct.

Signature: _____ Date: _____

Comments:

Please send completed original form to:

Soben Ltd.

150 Consumers Road, Suite #302

Toronto, Ontario M2J 1P9

416-498-8338 or 1-888-887-6879 or benefits@soben.ca

Please allow six weeks from your last day worked for processing. If you do not complete all sections of your application or enclose the required documents, it may cause delay. The information provided on this application will only be used for the purpose of administering the UNITE HERE Pension Plan.

Please submit an original application form - photo copied or faxed applications cannot be accepted.