

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 69) (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

