



Administration Office
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BOILERMAKERS' NATIONAL PENSION PLAN (CANADA)
ALBERTA FINANCE AND ENTERPRISE REGISTRATION NO: 46433
CANADA REVENUE AGENCY REGISTRATION NO: 0366708

APPLICATION FOR TERMINATION BENEFIT

Please note that your accrued pension benefit is vested if at December 31, 2009 you have completed at least two (2) consecutive calendar years in which Contributions were made on your behalf. If you are not vested as at December 31, 2009 you will subsequently become vested upon the completion of two (2) consecutive calendar years in each of which you worked a minimum of 350 hours of employment in respect of which Contributions were made on your behalf. Upon termination after becoming vested, you are entitled to one of the four options detailed below. No pension benefit is available if you are not vested. Termination Benefits may be applied for following a period of 24 months in which no Contributions are received. Or, if you were employed in Alberta or Saskatchewan, at the end of any period of two (2) consecutive fiscal years of the Plan in which you have not worked at least 350 hours of employment on which Contributions were paid to the Plan. Please note that, if a Termination Benefit is taken, any membership in the Plan following the Termination is deemed to be the only Plan membership which counts toward an early reduced Pension.

PERSONAL INFORMATION

Name: _____ S.I.N. _____ Date of Birth _____

Address: _____

Local Lodge Number _____ Termination Date _____

Last Employer _____ Last Date of Employment as a Union Member _____

I would like information on my Termination Benefit Entitlement (if any) and an Election of Termination Benefit Form.

_____ Date

_____ Member's Signature

Complete this Application and forward it along with the required information to the Plan Administration Office. Enclose appropriate proof of Age. Please refer to your Member booklet to be familiar with the implications of taking a Termination Benefit from the Plan.

Upon receipt of this Application, the Plan Administration Office will prepare your Election of Termination Benefit Form showing your Vested status and Options. You will receive this Statement within 60 days of receipt of your Application for Termination Benefit.

Please keep a copy of this Form for your records.

THE PLANS WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLAN. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLANS MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (HEALTH PROFESSIONALS, INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, REGULATORS) IN ORDER TO MANAGE THE PLANS AND YOUR ENTITLEMENT TO THE BENEFITS OF THE PLANS. QUESTIONS RELATED TO THE PRIVACY POLICY SHOULD BE DIRECTED TO THE RECORDING SECRETARY.