

# THE EDMONTON PIPE INDUSTRY PENSION TRUST FUND

16214 - 118 Avenue, Edmonton, AB T5V 1M6

Phone: (780) 452-1331 Fax: (780) 487-4063

ALBERTA FINANCE REGISTRATION NUMBER: 41811

CANADA REVENUE AGENCY REGISTRATION NUMBER: 0546028

## APPLICATION FOR DISABILITY PENSION

APPLICANT'S PERSONAL INFORMATION (please refer to the Plan's Privacy Statement below):

NAME: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_  
\_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_ TEL: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
S.I.N. \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

I understand that my disability pension will cease on the earliest of the following events: on reaching age 65 – on cessation of my Canada Pension Plan (C.P.P.) disability pension – on returning to any type of work or being declared fit for work.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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## STATEMENT OF ADMINISTRATOR

BIRTH DATE: _____	AGE: _____	PAST SERVICE	\$ _____
INITIATION DATE: _____	_____	SERVICE TO SEPT. 30/____	\$ _____
NORMAL RETIREMENT DATE: _____	_____	CURRENT HRS. _____	\$ _____
YEARS CREDITED SERVICE: _____	_____	ADJUSTMENT	\$ _____
RETIREMENT EFFECTIVE: _____	_____	TOTAL PENSION	\$ _____

I certify this to be a true extract from the member's pension records.

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Privacy Statement:** The Plan 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 privacy legislation. The Plan may use and exchange information with relevant persons or organizations (unions, health professionals, institutions, investigative agencies, insurers, re-insurers, regulators) in order to manage the Plan and your entitlement to the Benefits of the Plan. Questions related to the Privacy Policy of the Plan should be directed to the Executive Administrator.