



telecommunication workers pension plan

Pensioner Declaration 2013

Name	First:		
	Last:		
Address	Street:		
	City:	Province:	
	Country:	Postal Code:	
Member's ID Number:			
Date of Birth:			

Everyone receiving a pension benefit must complete a form that confirms they are in fact the person for whom the pension is intended. If we do not receive this information all benefits shall be suspended until the form is completed and returned.

Please complete the declaration below and return this form by June 15, 2013.

I hereby declare that I am the valid recipient of the pension benefit from the Telecommunication Workers Pension Plan and reside at the address to which this statement was mailed. In addition, I hereby acknowledge receipt of the pension benefit payment for the month of April 2013.	
X	
_____ Signature of First Name Last Name	_____ Date
<i>If this declaration is signed by an individual who acts on behalf of the pension recipient, he/she must complete a Part A on the other side of this form and attach a copy of the Power of Attorney (POA). A copy of the POA is required only if you have never provided it to the Telecommunication Workers Pension Plan.</i>	
X	
_____ Signature of witness	_____ Date

See reverse for other section to be completed

The Pension Declaration form must be duly signed and returned by the deadline. Should you have any questions about the Declaration or the process, please feel free to contact Telecommunication Workers Pension Plan.

303 – 4603 Kingsway, Burnaby BC V5H 4M4 • Phone 604-430-1317 • Fax: 604-430-5395
email: general@twplans.com • website: www.twplans.com

PART A**Power of Attorney Identification** (Please print – use ink)

This section needs to be completed, **only** if, as a holder of a valid Power of Attorney, you signed this declaration on behalf of the pension recipient. Please print in the space provided below your full name, address, and telephone number. Also, please send us the copy of the Power of Attorney.

Name

Address**Street:**

City:**Province:**

Country:**Postal Code:**

Phone no:

In accordance with applicable privacy legislation, personal information collected on this form can only be used for the purpose of administering pension benefits under the Telecommunication Workers Pension Plan (TWPP). All personal information collected will be treated in a confidential manner. You have the right to request access to your personal information held by TWPP and to request corrections or notations should you believe the information contains errors or omissions.

TWPP Administration Office Use Only

 Complete Death/POA Wrong Info Missing Info Signature

Received Date