Form #1

Telecommunication Workers Pension Plan

Application for Pension	
Participant Telept Surname First Middle	none No.
Address:	
Street City	Province Postal Code
Social Insurance No.	
The following person is my spouse in accordance to the description below.	
Name of Spouse	Birthdate
Spouse's Social Insurance No.	Sex
 For the Purposes of the Plan a "spouse" is defined as: Under the law a "spouse" is a person of the opposite sex or a person of the same sex, who is considered a spouse under the following conditions: Lawfully married or has been cohabiting in a conjugal relationship for at least one year at the date of retirement. Please check the appropriate box: I do not have an ex-spouse or an ex-spouse with a court order or separation agreement that provides a division of my pension. I have a court order or separation agreement that provides my ex-spouse to a division of my pension. The following person is my ex-spouse. I have attached a copy of the court order or separation agreement whichever is applicable. 	
Name of Ex-Spouse	
Statement of Participant I hereby certify the above information is true and request commencement of my Retirement Benefit under the provisions of the Plan with the Trustees consent. The first payment commencing on the 1 st of(Month), 20(year). (Date must not be earlier than 1 st of the following month after date of termination)	
Signature k::\general\nwforms\app_pns.doc	Date
Telecommunication Workers Pension Plan	

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