

How to Read Your Benefit Statement

Member Information Section



SHEET METAL WORKERS' LOCAL UNION 30 BENEFIT AND PENSION TRUST FUNDS

MEMBER BENEFIT STATEMENT

THE LOCAL 30 PENSION PLAN'S REGISTRATION NUMBER IS 0345850

ADMINISTRATION OFFICE: 45 McINTOSH DRIVE, MARKHAM, ONTARIO L3R 8C7

TEL: 905-946-9700 TOLL- FREE: 1-800-263-3564

FAX: 905-946-2535 WEBSITE: www.lu30plan.com

www.facebook.com/smwial30

MEMBER INFORMATION

PERIOD

DEAR PLAN MEMBER,

IF YOU WORKED FOR A CONTRIBUTING EMPLOYER DURING THE PERIOD COVERED BY THIS STATEMENT, YOU WILL FIND BELOW A RECORD DISPLAYING, BY MONTH AND BY EMPLOYER, THE CONTRIBUTIONS RECEIVED BY THE ADMINISTRATION SERVICE PROVIDER UP TO THE STATEMENT DATE. PLEASE DIRECT ANY QUESTIONS TO THE ADMINISTRATION SERVICE PROVIDER. THE STATEMENT WILL BE REGARDED AS CORRECT IF YOU DO NOT FILE A WRITTEN OBJECTION WITHIN 60 DAYS OF THE STATEMENT DATE.

STATEMENT DATE:

DATE YOU BECAME A PLAN MEMBER
(SEE OVER FOR ELIGIBILITY AND PLAN MEMBERSHIP)

YOUR BIRTH DATE

YOUR SPOUSE'S NAME

YOUR PENSION PLAN BENEFICIARY'S NAME

Your name and address
(Please advise the Plan if your address changes)

This Statement shows Contributions received during this period

Date Statement was produced

Date you joined the Pension Plan

The person you named as a Spouse has spousal rights to Pension Benefits

If you do not have a Spouse, this person is entitled to your Pension on your death - before retirement

Please refer to the back of the Member Benefit Statement for more detailed Pension Plan information

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Pension Fund Section

PENSION FUND CONTRIBUTIONS RECEIVED FROM YOUR EMPLOYERS FOR THIS STATEMENT PERIOD				YOUR LAST UNION INITIATION DATE
WORK MONTH	EMPLOYERS' NAMES	HOURS	DOLLARS	
				PENSION BENEFIT EARNED TO
				ANNUAL PENSION BENEFIT PAYABLE AT YOUR NORMAL RETIREMENT DATE (YOUR NORMAL FORM PENSION)
				YOUR EARLIEST RETIREMENT DATE (WITH BENEFIT REDUCTION)
				YOUR EARLIEST RETIREMENT DATE (WITH NO BENEFIT REDUCTION)
				YOUR NORMAL RETIREMENT DATE
				YOUR LATEST RETIREMENT DATE
				DECEMBER 1ST OF THE YEAR YOU TURN 71
				DATE YOU ARE VESTED (SEE OVER FOR VESTING RULES)
TOTAL PENSION CONTRIBUTIONS RECEIVED FOR THIS PERIOD				

Work Month and Year that a Contribution was made on your behalf from a Contributory Employer

Employer that contributed on your behalf

Hours Worked for Contributory Employer

Monthly Contribution amounts remitted on your behalf

This period's Employer Contributions are used to calculate your Annual Pension Benefit

This Statement is based on Contributions received up to this date

Annual Pension you receive if you retire at Age 63 at the Normal Form. If you are Single, this Pension is guaranteed to be paid for your lifetime and no less than 120 months of payments. If you have a Spouse, your Spouse will receive 60% of your monthly pension amount upon your death.

The month following your 53rd birthday

Earliest date you can retire with no reduction from your Normal Retirement Pension

The month following your 63rd birthday

Date in which you are entitled to a Pension from the Plan.

How to Read Your Benefit Statement

Benefit Fund Section

This period's Employer Contributions are used to provide your Benefit coverage

BENEFIT FUND CONTRIBUTIONS RECEIVED FROM YOUR EMPLOYERS FOR THIS STATEMENT PERIOD				YOUR BENEFIT DOLLAR BANK-START OF PERIOD
WORK MONTH	EMPLOYERS' NAMES	DATE RECEIVED	DOLLARS	
				TOTAL BENEFIT CONTRIBUTIONS FOR THIS PERIOD
				DOLLAR BANK DEDUCTIONS IN THIS PERIOD TO MAINTAIN BENEFIT PLAN ELIGIBILITY
				YOUR BENEFIT DOLLAR BANK-END OF THIS PERIOD
				CURRENT MONTHLY DOLLAR BANK DRAW DOWN
				MAXIMUM DOLLAR BANK ALLOWED

Work Month and Year that a Contribution was made on your behalf from a Contributory Employer

Employer that contributed on your behalf

Date your Contributions were received

Total funds remitted for that work period

Your Dollar Bank Account balance for Benefit coverage at Statement Date

Monthly amount deducted from your Dollar Bank Account for Benefit coverage

Maximum excess Hourly Contributions accumulated in your Account