



Sheet Metal Workers Local Union 30
Benefit Plan

45 McIntosh Drive, Markham, Ontario L3R 8C7
info@lu30plan.com

DIRECT DEPOSIT AND E-NOTIFICATION REQUEST

Initial request checkbox

INITIAL REQUEST

Change request checkbox

CHANGE REQUEST

MEMBER PERSONAL INFORMATION

NAME:
ADDRESS:
CITY: PROVINCE:
POSTAL CODE:

REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, please enclose a void cheque with this request AND complete the information below. In both cases, please sign the authorization.

DEPOSIT TO (BANK OR FINANCIAL INSTITUTION)
ADDRESS OF BRANCH
BRANCH NUMBER INSTITUTION NUMBER ACCOUNT NUMBER

As the beneficiary paid under my Benefit Plan, I hereby authorize Sheet Metal Workers Local Union 30 Benefit Trust Fund to deposit these sums in my bank account, whose particulars appear above, or on the enclosed cheque, until such time as I make a written request to the contrary. I understand that the Fund has no further obligation with regard to the benefits paid in accordance with the request. I also understand that the Fund can, without prior notice, terminate the direct deposit of benefits and issue a cheque to me.

This authorization, which takes effect on date below, is valid for all the other active bank accounts in this or any other financial institution that I may name in the future.

Member's Signature Date: (DD/MM/YYYY)

REQUEST TO SUBSCRIBE TO E-NOTIFICATION FOR DIRECT DEPOSIT

Subscribing to e-notification means you will be notified by email of the status of your Health benefit.

To subscribe to e-notification or to change your email address, please complete the information below. Fill in the section that corresponds to the address where you want to receive your notifications. Please select only ONE email address.

Work Email Address:
Home Email Address:

Please mail completed Direct Deposit and E-Notification Request and Void Cheque to the Plan Administration Office in the enclosed postage paid envelope.

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

I consent to the collection, use and disclosure of my personal information ___ YES ___ NO

Signature and Consent Date

Privacy Statement: I authorize the Sheet Metal Workers Local 30 Benefit Plan and the Sheet Metal Workers Local 30 Pension Plan (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.