

SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

DIRECTION FOR DIRECT DEPOSIT

To overcome the possibility of lost or delayed mail and other postal disruptions, all monthly Pension payments will be issued electronically (i.e. deposited directly to a bank account). You must have an active account with a chartered bank, credit union or trust company in Canada which participates in direct deposits through the Canadian Banking System. All you need to do is sign below and attach a sample cheque or deposit slip which has been marked VOID.

MEMBER'S PERSONAL INFORMATION (see Privacy Statement below)

Name: _____

Address: _____

_____ Telephone: _____

Social Insurance Number: _____

➤ **PLEASE ATTACH A SAMPLE PERSONALIZED DEPOSIT SLIP OR CHEQUE MARKED "VOID"**

✓ If you are not attaching a VOID cheque, please complete the information marked below.

✓ Deposit to (Name of Member's Bank or Financial Institution):

✓ Address of Branch:

✓ **Bank Number**

Transit Number

Account Number

✓ **Type of Account (check one):** Savings _____ Chequing _____

The Trustees of the Sheet Metal Workers Local Union 30 Pension Fund are hereby authorized to deposit all future payments due to me to my personal account at the Financial Institution designated above. I also acknowledge and agree that any payments made after my death, or paid in error while I am alive are to be returned to the Trustees of the Sheet Metal Workers Local Union 30 Pension Fund by me, my estate or my Financial Institution upon demand. This authorization shall remain in effect unless cancelled by me in writing. I hereby consent to the use of my Personal Information and the Personal Information of my Dependents and Beneficiaries, for record keeping, reporting and Plan administration purposes.

Member's Signature

Date Signed

Witness to Member's signature (Print Name)

Witness' Signature and Date Signed

Witness' address and telephone number

Please keep a copy of this Form for your records.

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.

SHEET METAL WORKERS LOCAL UNION 30 PENSION PLAN

Registration Number 345850

RELEASE AND INDEMNITY

The Sheet Metal Workers Local Union 30 Pension Trust Fund and/or the Sheet Metal Workers Local Union 30 Pension Plan shall be fully indemnified, ***including by my estate***, in the event any person receives a pension benefit that such person is not entitled to receive. This indemnification extends to and includes payment of all interest, reasonable legal, auditing, administrative and other charges in recovering the same.

Section 1: Member (you must complete and sign this section)

Member's Name (please print): _____

Member's Signature: _____ Date Signed: _____

Name of Witness to Plan Member's Signature: _____

Witness' Address: _____

Witness' Telephone Number: _____

Witness' Signature: _____ Date Signed: _____

Section 2: Spouse (to be completed by the Member's Spouse if entitled to a Joint and Survivor Pension)

Spouse's Name (please print): _____

Spouse's Signature: _____ Date Signed: _____

Name of Witness to Spouse's Signature: _____

Witness' Address: _____

Witness' Telephone Number: _____

Witness' Signature: _____ Date Signed: _____

THE WITNESS CANNOT BE RELATED IN ANY WAY TO THE PARTIES

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.