



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

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 OR ACCOUNT PRINTOUT FOR DIRECT DEPOSIT** with this request AND complete the information below. In both cases, please sign the authorization.

DEPOSIT TO (NAME OF 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 other active bank accounts in this or any other financial institution that I may name in the future.

Date: (DD/MM/YYYY) _____

MEMBER'S SIGNATURE _____

REQUEST TO SUBSCRIBE TO E-NOTIFICATION RECEIVED 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. Check off the ONE box that corresponds to the address where you want to receive email notifications. **SELECT ONLY ONE EMAIL ADDRESS**

<input type="checkbox"/>	Work	Email Address: _____
<input type="checkbox"/>	Home	Email Address: _____

Please mail or email completed Direct Deposit and E-Notification Request Form to the Benefit Administration Office. See page 2 for instructions to encrypt and email this form.

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.



SHEET METAL WORKERS LOCAL UNION 30 BENEFIT AND PENSION TRUST FUNDS

PLAN ADMINISTRATION: EMPLOYEE BENEFIT PLAN SERVICES

45 McIntosh Drive, Markham, Ontario L3R 8C7

Telephone: (905) 946-9700 • Toll Free: 1-800-263-3564 • Fax: (905) 946-2535 • Website: www.lu30plan.com • E-mail: info@lu30plan.com
www.facebook.com/SMWIAL30

Encryption is a must for sending personal information. You only need to use one method of encrypting a document. **If you have another way to encrypt documents, please do so if it is a trusted method of secure encryption.**

Option 1: Using Adobe's Free Online Tool

1. **Click the below link to open Adobe's Online PDF Protection Tool**
 - [Adobe Protect PDF](#)
2. **Upload Your PDF File**
 - Click on **"Select a file."**
 - **Windows:** Search for this file in File Explorer.
 - **Mac:** Search for this file in Finder.
 - Select this PDF file and click **Open**.
3. **Set Your Password**
 - Enter and confirm your password.
4. **Apply the Password**
 - Click on **"Apply"**.
5. **Download the Password-Protected PDF**
 - Click on **"Download"**.
 - **Windows:** Find the protected file in the "Downloads" folder.
 - **Mac:** Find the protected file in the "Downloads" folder.

Option 2: Using Paid Versions of Adobe Acrobat or Foxit PDF Editor Pro

Adobe Acrobat (Paid Version)

1. **Password Protect the PDF**
 - Click on **Tools** in the top menu.
 - Select **Protect**.
 - Click on **Encrypt** and then **Encrypt with Password**.
 - Enter and confirm your password.
 - Click **OK** and save the file.

Foxit PDF Editor Pro (Paid Version)

1. **Password Protect the PDF**
 - Click on **Protect** in the top menu.
 - Select **Secure Document**.
 - Click on **Password Protect**.
 - Enter and confirm your password.
 - Click **OK** and save the file.

Once you have password-protected this document. You may email this document to the Plan Administration Office. Do not include the password to the document in the email. To share the password, call the Plan Administration Office at 905-946-9700.