

Retirement Request Form

To: **Carpentry Workers' Pension Plan of B.C.**

215 – 3480 Gilmore Way, BURNABY BC V5G 4Y1
Telephone: (604) 438-2434 Toll Free: 1-877-411-2806
Fax: (604) 438-5348 Email: inquiries@cwbp.ca

From: Name _____

Member # _____

I wish to commence my pension on _____
- *please send me the retirement statement and forms.*

Date of Birth: Member: _____

Name of Spouse: _____

Date of Birth: Spouse: _____

Address: _____

Postal Code: _____

Telephone #: () _____

Signature

Date