



Industrial Carpenters' Welfare Plan

Suite 215 – 3480 Gilmore Way, Burnaby, BC V5G 4Y1
Phone 604 438-2434 / Toll-free 1 877 411-2806 / Fax 604 438-5348

RELEASE AND AUTHORIZATION

The undersigned, _____
(Print Name of Member)

hereby authorizes the Administration Office of the Industrial Carpenters' Welfare Plan to provide any data on file pertaining to my membership in the Plan requested by

(Print Name of Authorized Representative)

I understand that confidential and personal information may be released to the above described Authorized Representative in accordance with this authorization but that the Authorized Representative will not be entitled to initiate any elections for plan coverage or implement any transactions on my behalf other than making payments.

This authorization will remain in effect until (check one)

I provide you with updated instructions **OR**

Date: _____
Month Day Year

Member Number:

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 Birth Date: _____
Month Day Year

If this is not your first Release and Authorization Form, please check which applies:

This form is ADDING TO earlier authorization(s). My old form(s) still apply.

Please REMOVE any authorizations from earlier forms and use this form only.

Signature of Member Date Signed

If you wish to allow someone else to have access to your personal information and entitlements under the Industrial Carpenters' Welfare Plan, please complete this form and send to:

Industrial Carpenters' Welfare Plan

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Burnaby, BC V5G 4Y1

or fax to 604-438-5348