



INDUSTRIAL CARPENTERS' BENEFIT PLAN

#160 – 4400 Dominion Street, Burnaby, BC V5G 4G3
phone (604) 299-7482 fax (604) 299-8136 toll free 1-800-663-1356 website www.cwbp.ca

ENROLMENT FORM

First name _____ Last name _____

Member number _____ Social insurance number _____

Date of birth _____ Phone number () _____

Address _____

City _____ Postal code _____

PLEASE LIST YOUR ELIGIBLE DEPENDENTS BELOW:

| LAST NAME | FIRST NAME | RELATIONSHIP | DATE OF BIRTH | | | SEX | |
|-----------|------------|--------------|---------------|-----|------|------|--------|
| | | | MONTH | DAY | YEAR | MALE | FEMALE |
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DESIGNATION OF BENEFICIARY FOR THE GROUP LIFE INSURANCE BENEFIT:

_____ FIRST NAME _____ LAST NAME _____ RELATIONSHIP _____

_____ YOUR SIGNATURE _____ DATE SIGNED _____

FOR OFFICE USE ONLY

Clerk's Initials _____

Date processed _____