



Industrial Carpenters' Benefit Plan

Suite 160 – 4400 Dominion Street, Burnaby, BC V5G 4G3
Phone 604 299-7482 / Toll-free 1 800 663-1356 / Fax 604 299-8136

RELEASE AND AUTHORIZATION

The undersigned, _____
(Print Name of Member)

hereby authorizes the Administration Office of the Industrial Carpenters' Benefit 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' Benefit Plan, please complete this form and send to:

Industrial Carpenters' Benefit Plan
160 – 4400 Dominion Street
Burnaby, BC V5G 4G3
or fax to 604-299-8136

