



Carpenters Local 18 Benefit Plans

Plan Administration Office: 2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

Phone: 905-946-9700 | 1-800-263-3564

Email: info@local18benefits.ca

Fax: 905-946-2535

Website: www.local18benefits.ca

RETIRED MEMBER'S AUTHORIZATION TO DISCLOSE INFORMATION

Retired Member Name: _____

Retirement Date: _____

Dear Retired Member,

Occasionally, the Carpenters Local Union 18 Office requests information from the Plan regarding Retired Members. This information is then used for newsletters issued to Union Members, for example, which Members retired during the year.

The Plan requires your authorization to provide your information regarding your retirement date to the Carpenters Local Union 18 Office. If you provide authorization, the Plan will provide your name and retirement date to the Carpenters Local Union 18 Office if they request it. **Please note that the information released to the Carpenters Local Union 18 Office will not include your address, date of birth, or pension amount.**

Please note, if contributions to the Plan are due in respect of work you have done, relevant information may be provided to the Carpenters Local Union 18 Office, particularly if an employer has not remitted on time or accurately.

If you do not provide your authorization below or respond to this package, the Plans will not provide information to the Carpenters Local Union 18 Office regarding your retirement.

Please do not hesitate to contact the Plan Administration Office if you have any questions regarding this information.

AUTHORIZATION TO RELEASE INFORMATION

I _____ have read the information above and

() do () do not

authorize the Carpenters' Local 18 Pension Plan to provide the Carpenters Local Union 18 Office with my name and the date of my retirement.

Signature of Member

Date

Witness Signature

Name of Witness (Print)

Privacy Statement: I authorize the Carpenters Local 18 Pension Plan, their administrator Employee Benefit Plan Services Limited, and providers working with the Plan or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plan. Personal information will be protected pursuant to the applicable legislation. The Plan may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, institutions, insurers, investigative agencies, legal counsel, other plans or unions, regulators, re-insurers, Plan administrators) in order to manage the Plan and entitlement to the benefits of the Plan, and may include financial related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.