



Carpenters Local 18 Benefit Plans

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RELEASE AND INDEMNITY

The Carpenters' Local 18 Pension Plan shall be fully indemnified, *including by my estate*, in the event any person receives a pension benefit that such person is not entitled to receive. This indemnification extends to and includes payment of all interest, reasonable legal, auditing, administrative and other charges in recovering the same.

Section 1: Member (you must complete and sign this section)

Member's Name (please print): _____

Member's Signature: _____ Date: _____

Name of Witness to Member's Signature: _____

Witness' Address: _____

Witness' Telephone Number: _____

Witness' Signature: _____ Date: _____

Section 2: Spouse (to be completed by Member's Spouse if entitled to a Joint and Survivor Pension)

Spouse's Name (please print): _____

Spouse's Signature: _____ Date: _____

Name of Witness to Spouse's Signature: _____

Witness' Address: _____

Witness' Telephone Number: _____

Witness' Signature: _____ Date: _____

Please complete the privacy section on page 2

Section 3: Privacy Statement (Member must complete and sign this section)

By signing below, I hereby certify that the information provided is true to the best of my knowledge, and consent to the collection, maintenance, use and disclosure of my personal information as described in the Privacy Statement below. I acknowledge that providing my consent will allow access to the information required to assess my benefit eligibility and entitlement, and that refusing to consent may result in delay or denial of my request and/or benefit. This consent may be revoked by me at any time by sending written instructions to the Plans' Administration Office.

I consent to the collection, use and disclosure of my personal information ☐ **YES** ☐ **NO**

Member's Name (please print): _____

Member's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Witness Name (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.