



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

Administration Office
45 McIntosh Drive, Markham, Ontario L3R 8C7
Tel: 905-946-2530 • Fax: 905-946-2535

Administration Office
15220-114 Avenue, Edmonton, AB, T5M 2Z2
Tel: 780-455-3502 • Fax: 780-488-7423

Boilermakers' National Pension Fund (Canada) Plan Registration Number 0366708 and Boilermakers' National Health Fund (Canada)

Boilermakers' National Pension Plan (Canada) Release and Indemnity

The Boilermakers' National Pension Fund (Canada) and/or the Boilermakers' National Pension Plan (Canada) 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 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: _____

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

Member's Social Insurance Number

Member's Signature

Date

Witness to Member's Signature (Print Name)

Signature and Date

Please keep a copy of this Form for your records.

Privacy Statement: I authorize the Boilermakers' National Health Plan (Canada), the Boilermakers' National Pension Plan (Canada) (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.