



# 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)

## REQUEST FOR WIRE TRANSFER OF PENSION BENEFIT PAYMENTS

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please select how often you would like to receive your pension payments in each year by wire transfer:

Monthly

Quarterly (March, June, September and December)

Every six months (June and December)

➤ ***PLEASE ATTACH A SAMPLE PERSONALIZED DEPOSIT SLIP WITH THE FOLLOWING INFORMATION***

Deposit to (Name of Financial Institution): \_\_\_\_\_

Address of Branch: \_\_\_\_\_

Swift Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

**The Trustees of the Boilermakers' National Pension Fund (Canada) are hereby authorized to deposit payments due to me to my account at the Financial Institution designated above. I hereby consent the use of my Personal Information and the Personal Information of my Dependents and Beneficiaries, for record keeping, reporting and Plan administration purposes.**

\_\_\_\_\_  
**Pensioner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness to Pensioner's Signature (Print Name)**

\_\_\_\_\_  
**Signature and Date**

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

\_\_\_\_\_  
Signature and Consent

\_\_\_\_\_  
Date

**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.

*Please keep a copy of this Form for your records.*