



A. Member Information (Please Print)

| | | | | |
|---|-----------------------|---------------------|-------------------|----------|
| Last Name | First Name | Gender | Male | Female |
| Address | | Birth Date (m/d/y) | | |
| Town/City | Province | Postal Code | | |
| Union ID OR Social Insurance Number (SIN) | | Country | | |
| Email Address | | Telephone No. | | |
| Marital Status | Married Common-Law | Single Separated | Divorced Widow | Cell No. |

B. Transfer Information

Please be advised that the above-mentioned member has instructed us to transfer his/her benefit bank dollars.

FROM Local: _____

TO Local: _____

C. Member Disclosure Authorization

Member Name: _____
(Print Name)

Member Signature: _____

Witness Signature: _____

Date Signed: _____