



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. | | |
| <i>Marital Status</i> | Married Common-Law | Single Separated | Divorced Widow | Cell No. |

B. Cheque Deliver Method

For cheque pickup by the member, the member will need two pieces of government issued ID (minimum one with photo). There are **absolutely NO EXCEPTIONS.**

For cheque pickup by someone other than the member, they will need to provide **TWO** pieces of member’s government issued ID, **TWO** pieces of own ID, and a signed note from the member authorizing said person to pick up the cheque. There are **absolutely NO EXCEPTIONS.**

Please Select One: Pick Up Mailed

Member Signature: _____ Date: _____

C. Cheque Pick Up

Member Name: _____ Date: _____
(Print Name)

Member Signature: _____ Witness: _____

Completed form can be faxed to (416) 240 – 7488

OFFICE USE ONLY

Plan: 400 405 408 412

Fund: HVP SHP

Amount: _____

Work Months: _____ to _____