



CARPENTERS' RESIDENTIAL BENEFIT PLANS

HEALTH AND WELLNESS • LEGAL SERVICES • RRSP • PENSION • PRODUCTIVITY BONUS • VACATION PAY

Benefit Plans' Administration Office: 45 McIntosh Drive, Markham, ON L3R 8C7
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DECLARATION

I, the undersigned, hereby declare as follows:

1. I am requesting that the Carpenters' Residential Group RRSP Trust Fund (the "Pension Fund") allow me to withdraw funds from my account as I am in urgent need of these funds. The amount that I am requesting to withdraw is \$_____.
2. I acknowledge that the purpose of the funds in the Pension Fund is for my retirement however, I wish to access the above amount immediately and prior to my retirement.
3. In withdrawing these funds I fully release and absolve Carpenters and Allied Workers Local 27, the Pension Fund and the Trustees of the Pension Fund from any and all liability and consequences, both intended and unintended, that may occur as a result of this withdrawal of funds.

I make this Declaration voluntarily and in support of my application for the withdrawal of funds for no other improper purpose.

Dated at _____ this _____ day of _____.

(Plan Member's Signature)

(Date Signed)

(Signature of Witness)

(Date Signed)

(Name, Address, Telephone Number and Email Address of Witness – Please Print)

Privacy Statement: The Plans will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plans. Personal Information will be protected pursuant to the applicable legislation. The Plans may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plans and entitlement to the benefits of the Plans. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.

