

Carpenters & Allied Workers Union Local 27 - Productivity Bonus Trust Fund 45 McIntosh Drive, Markham, Ontario, L3R 8C7

Member's Request for the Interim Payment of Productivity Bonus Monies

Plan Member Name				
Plan Me	mber Social Insurance N	lumber		
on my behalf. I und the additional ad I am a Member ir	derstand that this Interim Paym ministration costs of my request n Good Standing. I also cor	ent of Productivity Bonus wi and that the approval of this rec	t have been made by Contributing Employers II be reduced by \$50.00 in order to cove quest is subject to the Union's confirmation that munication (in this case to the Union) and I would like my payment:	
	Direct deposited into my bank account (if you have not provided the Plan Administrator with your banking information, please provide your banking information below OR submit a void cheque along with this form)			
	Transit Number	Institution Number	Account Number	
	Mailed to my home add	ailed to my home address (must provide current address below)		
I acknowledge that that refusing to con	providing my consent will allow a	ccess to the information required Il of my request and/or benefit. T	ation as described in the Privacy Statement below to assess my benefit eligibility and entitlement, and This consent may be revoked by me at any time by	
Plan Member's Signature		Date	<u></u>	
e-mailed to bene	fits@carpentersresidential.c	ation Office at 905-946-2535 a with the form encrypted/p need information on how to		
Union 27 is requir	ed to verify your Membership stail in Good Standing is received mation. UNIO F	tatus. Your payment will not be		
	nion 27, Authorized Signature ing Union Membership Status		Date	

Privacy Statement: I consent and authorize the Carpenters' Residential Benefit Plans (called "the Plan"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plan or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plan. Personal information will be protected pursuant to the applicable legislation. The Plan 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 Plan and entitlement to the benefits of the Plan, 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.