

## **UBC** Carpenters' Residential Benefit Plans

Health and Wellness | Legal Services | RRSP | Pension | Productivity Bonus | Vacation Pay

Plan Administration Office: 45 McIntosh Drive, Markham, Ontario, L3R 8C7

Phone: 905-946-9700 | 1-800-263-3564 Fax: 905-946-2535

Email: benefits@carpentersresidential.ca Website: www.carpentersresidential.ca

## **DECLARATION**

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ı, me	undersigned, hereby declare as fo	DIIOWS:		
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.			
	e this Declaration voluntarily and i per purpose.	in support of my app	ication for the withdrawa	l of funds for no other
Dated at		this	day of	
Print Name – Witness		 Print	Print Name - Member	
Signature		 Signa	- Signature	
collection acknown entitlem revoked	ng below, I hereby certify that the information, maintenance, use and disclosure of a ledge that providing my consent will altent, and that refusing to consent may be by me at any time by sending written at to the collection, use and disclosure of	my personal information llow access to the inform result in delay or denial instructions to the Plans	n as described in the Privacy lation required to assess my of my request and/or benefit 'Administration Office.	Statement below. I benefit eligibility and
Signa	ture and Consent Date			

Privacy Statement: I authorize the Carpenters' Residential Benefit Plans (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.