



THE PLAN OFFICE OF THE  
IWA-FOREST INDUSTRY  
PENSION & LTD PLANS

# INTERNATIONAL FUNDS TRANSFER AUTHORIZATION

2100-3777 Kingsway  
Burnaby BC V5H 3Z7  
T 604.433.5862  
TF 1.800.913.0022

IWAFIBP.CA

## Retired members living outside of Canada:

Please take this form to your financial institution to complete and submit to the Plan Office. Your pension payments will be deposited directly into your account from Canada and converted to your local currency.

### SECTION A MEMBER INFORMATION

Last name:	First name:	Initial(s):	Phone number:
Member ID#:	Email:		
Mailing address:			City:
Province/State:	Postal code/Zip code:	Country:	

### SECTION B ACCOUNT HOLDER INFORMATION

Complete this section ONLY if account holder information is different from section A above **AND/OR** if this is a joint account.

Last name of account holder:	First name of account holder:	Initial(s) of account holder:
Address:		City:
Province/State:	Postal code/Zip code:	Country:
Is this a joint account? <input type="checkbox"/> NO <input type="checkbox"/> YES	Last name of joint account holder:	First name of joint account holder:

### SECTION C ACCOUNT DETAILS

Please have your financial institution complete this section. Funds are transferred from Canada.

Bank name:	Bank code type (see reverse for details):
Bank mailing address:	City:
Province/State:	Postal code/Zip code:
Country:	
Bank routing code (eg. SWIFT BIC, SORT CODE) :	Bank account type: <input type="checkbox"/> Chequing <input type="checkbox"/> Savings
Member's account number (e.g. IBAN):	
Payment details or instructions (if applicable):	

**SECTION D | ACKNOWLEDGMENT AND AGREEMENT**

I hereby authorize the trustees of the IWA–Forest Industry Pension Plan to deposit all pension payments due to me under the terms of the plan directly to my account described on the reverse. I understand that international transfers may be subject to delays that are not within the control of the pension plan, and that the pension plan’s obligations in respect of my pension payments are fully discharged when they irrevocably authorize the transfer even if any third party (such as the government in the receiving jurisdiction) delays or prevents my receipt of the funds. I also understand that, in addition to the fees payable by the plan, my bank may charge a fee to receive funds for which I am responsible.

I also acknowledge that although no amounts may be payable to me or my estate by the plan after my death, it is possible that payments to my account may continue until the plan is notified of my death and terminates the transfers. In consideration of the plan agreeing to make transfers to my account, I hereby agree that:

- 1. Any monies deposited to my account after my death, which, under the terms of the plan are not payable to my estate (an overpayment), are held in trust for the plan and are to be repaid to the plan forthwith;
- 2. The Plan Office is entitled to request from time to time satisfactory evidence that I am alive and therefore that pension benefits continue to be payable to me under the plan. The Plan Office, at its discretion, may discontinue my pension payments until such evidence has been received.

Signature of member:	Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td></tr></table>											D	D	M	M	M	Y	Y	Y	Y	
D	D	M	M	M	Y	Y	Y	Y													

Signature of joint account holder:	Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td> </td></tr></table>											D	D	M	M	M	Y	Y	Y	Y	
D	D	M	M	M	Y	Y	Y	Y													

## BANK CODE TYPES

- 1. SWIFT (international)
- 2. FEDWIRE or CHIPS (US)
- 3. SORT CODE (UK)