



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

CHANGE OF ADDRESS

2100-3777 Kingsway
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IWA-FIB.PCA

To all pension and LTD plan members:

If you move or change your mailing address, complete and return this form to the Plan Office as soon as possible so that we may update our records.

SECTION A MEMBER INFORMATION

| | | | | | | | | | | | | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|--|--|--|---|---|---|---|---|---|---|---|---|--|
| Last name: | First name and initial(s): | | | | | | | | | | | | | | | | | | | | |
| Member ID#: | Date of birth: <table border="1" style="display: inline-table; vertical-align: middle;"> <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 | | | | | | | | | | | | | |

SECTION B PREVIOUS ADDRESS

| | | |
|------------------|-----------|--------------|
| Mailing address: | | |
| City: | Province: | Postal code: |

SECTION C NEW ADDRESS

| | | |
|------------------|----------------|--------------|
| Mailing address: | | |
| City: | Province: | Postal code: |
| Phone number: | Email address: | |

SECTION D ALTERNATE CONTACT

In case we lose contact with you, please provide us with an alternate contact:

| | | |
|--------------------|---------------|---------------|
| Alternate contact: | Phone number: | Relationship: |
| Address: | | |

SECTION E SIGN AND DATE

| | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|---|---|---|---|---|---|---|--|--|--|---|---|---|---|---|---|---|---|---|--|
| Member signature: | Date: <table border="1" style="display: inline-table; vertical-align: middle;"> <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 | | | | | | | | | | | | | |

CONFIDENTIAL MATERIAL: Please note that this form is **confidential** in nature and should be faxed, or mailed in a sealed envelope to the Plan Office of the IWA-Forest Industry Pension and LTD Plans at the address at the top right of this page.

STATUTORY DISCLOSURE: As required by the *Insurer Exemption Regulation*, please be advised that the IWA-Forest Industry LTD Plan is exempt from the *Financial Institutions Act* (the “act”) and the plan benefits are not insured by an insurance company under the act.

PRIVACY DISCLOSURE: The IWA-Forest Industry Pension and LTD Plans collect, use and disclose personal information for the purpose of administering plan benefits and other plan requirements. The plans do not collect personal information from, or disclose personal information to, third parties (including between the plans) except to administer plan requirements, to notify third parties of potential benefits fraud or non-compliance, or as authorized or required by law. To the extent required or permitted by privacy laws, your participation in the plans constitutes your consent for the collection, use and disclosure of personal information described above.