



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

# DIRECT DEPOSIT AUTHORIZATION—LTD

2100-3777 Kingsway  
Burnaby BC V5H 3Z7  
T 604.433.6310 TF 1.800.663.4384  
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IWAFIBP.CA

## To members signing up for direct deposit:

Complete this form and return it to the Plan Office along with a **void cheque or MICR encoding**. Your account must be registered in your name, either as the sole or joint account holder. Payments cannot be deposited into another person's account.

| SECTION A MEMBER INFORMATION  |                            |   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |
|---|----------------------------|---|---|---|---|---|---|--|--|--|---|---|---|---|---|---|---|---|
| Last name:  | First name and initial(s): | Date of birth:<br><table border="1"> <tr> <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>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> |   |   |   |   |   |  |  |  | D | D | M | M | Y | Y | Y | Y |
|   |                            |   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |
| D   | D                          | M   | M | Y | Y | Y | Y |  |  |  |   |   |   |   |   |   |   |   |
| Member ID#:   | Email:                     |   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |
| Mailing address:  |                            | City:   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |
| Province:   | Postal code:               | Phone number:   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |
| <b>Account type</b> (choose one):<br><input type="checkbox"/> Individual account <input type="checkbox"/> Joint account |                            |   |   |   |   |   |   |  |  |  |   |   |   |   |   |   |   |   |

## SECTION B ACKNOWLEDGEMENT AND AGREEMENT

I hereby authorize the trustees of the IWA-Forest Industry LTD Plan (the “plan”) to deposit all LTD payments due to me under the terms of the plan directly into the account described above.

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

- Any monies directly 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 immediately;
- Because individuals managing my affairs after my death can be personally liable for failing to repay an overpayment, I should advise the intended personal representatives of my estate that they must promptly notify the plan of my death.
- The administrator of the plan is entitled to request from time to time satisfactory evidence that I am alive and therefore that LTD benefits continue to be payable to me under the plan. The administrator may, in his/her discretion, suspend my LTD payments until such evidence has been received by him/her.
- In the event an overpayment is credited to my account, I hereby irrevocably authorize my financial institution to repay any such overpayment upon written request by the plan, and release any claims against my financial institution for complying with this authorization.**

These agreements are binding upon me and my heirs, executors, administrators and personal representatives. This authority will remain in effect until I have given the plan written notice to terminate it. I understand that I must give the plan enough notice to allow reasonable time to act on my instructions.

|   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|
| <b>Member signature:</b>  | Complete below if you have a joint account: |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
| <b>Witness signature:</b>   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
| <b>Witness name:</b>  | <b>Joint account holder name:</b>           |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
| <b>Date:</b><br><table border="1"> <tr> <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>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> |   |   |   |   |   |   |   |  | D | D | M | M | Y | Y | Y | Y | <b>Joint account holder signature:</b> |
|   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |
| D   | D   | M | M | Y | Y | Y | Y |  |   |   |   |   |   |   |   |   |  |

Setting up direct deposit is simple, convenient and offers the following advantages:

- You don't have to go to the bank to deposit your LTD cheque as your entitlement will automatically be deposited into your account on the last business day of every month.
- You eliminate the possibility of losing or misplacing your cheque.
- If you are travelling, away on vacation, or sick, you don't have to worry that your cheque is not deposited on time. Your benefit will be deposited for you; hence your money is accessible wherever you are.
- Your LTD payment will be credited to your bank account should there be a disruption in the postal service.
- Direct deposit is confidential. Money is transferred electronically and passes through fewer hands, greatly reducing the number of people who may see your personal information.

Please notify the Plan Office, in writing, of any changes in your bank account or address.

**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 Trustees of the IWA–Forest Industry Pension and LTD Plans (Plans) and their respective agents and employees, collect, use, disclose and exchange your personal information in order to administer the Plans including to process benefits, enforce the Plans' terms (including to collect overpayments or to investigate potential fraud), to audit employers' records and claims and to communicate with third parties such as employers, insurers, health care providers and financial institutions when reasonably necessary to administer the Plans. By signing this form you consent to such collection, use, disclosure and exchanges for these purposes, any other purposes set out in the Plans' respective Privacy Policies and as permitted or required by law.