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 bank account currency.

SECTION A PERSONAL 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? ☐ NO ☐ 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 account currency:
Bank mailing address:		City:
Province/State:	Postal code/Zip code:	Country:
Bank routing code (SWIFT, BIC, SORT CODE, CLEARING CODE) :		Bank account type: ☐ Chequing ☐ Savings
Member's account number (e.g. IBAN):		
Payment details or instructions (if applicable):		

Continued on back

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: D D M M Y Y Y Y
Signature of joint account holder:	Date: D D 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.

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.