



2100-3777 Kingsway
Burnaby, BC V5H 3Z7
T 604.433.6310 TF 1.800.663.4384
F 604.433.0518
IWA-FIBPCA

July 3, 2019

ACTION REQUIRED

RE: Confirming your pension record—action required

Every year, the IWA–Forest Industry Pension Plan reviews pension records to ensure that plan retirees and beneficiaries are receiving the correct benefit amount from the plan. We’re writing to you because we need to verify your pension record, including your full name, current address and date of birth. We need to hear from you to continue paying your benefit.

Don’t worry, verifying your record is easy. It’s very important that you:

Carefully review and complete the ***Pension benefit confirmation form*** on the back of this page. Once you’ve completed the form, you and a witness must sign it. **Once the form is signed, mail or fax it to the Plan Office by September 15, 2019.** We have included a prepaid envelope for your convenience, or you can fax the form to 604.433.0518. We do not accept emailed forms as we cannot guarantee the security of any personal information that is emailed to us.

If you are unable to sign:

- Your appointed ***power of attorney*** or ***committee of estate*** may sign on your behalf (please include legal documents if not previously provided)

OR

- Simply provide the Plan Office with a letter from one of the following:
 - Care facility,
 - Attending physician, or
 - Registered nurse practitioner (please include registration number)

Your witness cannot be a relative, such as your spouse or your children. The following is a list of acceptable witnesses:

- | | |
|------------------------------|--|
| ✓ Former employer | ✓ Pastor |
| ✓ Union local representative | ✓ Legal professional |
| ✓ Health care professional | ✓ Public servant |
| ✓ Care home administrator | ✓ Signing officer of a financial institution |

If you have any questions or concerns, please contact the Plan Office at 604.433.5862, or toll-free in BC at 1.800.913.0022. We appreciate your cooperation and thank you in advance for returning your completed form.

Sincerely,

The Plan Office of the IWA–Forest Industry Pension Plan

Enclosure

**Please complete the form
on the back of this page** →



A My contact information

I, _____, confirm that the information provided in my pension record below is:
(print your name above)

Correct

Name:

Address:

Phone number: PHONE

Incorrect; please change as follows:

Name:

Address:

Phone number:

B Additional contact

We want to make sure that we are able to contact you if your circumstances change. We would like to have an alternative contact if we are unable to get hold of you. Please provide the name and contact information of someone you authorize us to speak to if we are not able to reach you. Ideally, this contact person should have a different address and phone number than yours.

Contact name			
Relationship to you		Phone number	
Address of contact person			

C Member signature

You must sign below:

Signature of GIVENNAME SURNAME (ID#):	Date: <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	Email address:
D	D	M	M	Y	Y	Y	Y											

C Witness information and signature - *Please see reverse for list of acceptable witnesses*

Witness name (please print):	Witness daytime phone number:
Witness occupation:	Number of years witness has known the plan member:
Address of witness:	

I, the undersigned, declare that this document was signed in my presence and that the signature above is that of the plan member identified in Section A of this document, whose personal identity I hereby confirm:

Signature of witness:	Date of witness signature: <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										