

ASBESTOS WORKERS LOCAL 95

LIVING ALLOWANCE – DIRECT DEPOSIT AUTHORIZATION

Please print clearly and complete this form, in INK. This document will be maintained by the Benefit Plan Administrators Limited and will be attached to your plan member's application.

<p>1. Plan Member Information</p> <p>This section must be completed if you want to have your claims reimbursement deposited directly to your bank account.</p> <p>Please print clearly, in INK</p> <p>Attach void cheque below</p>	<p>Complete this attachment if you want reimbursement for claims to be deposited directly into your bank account.</p> <p>Plan Number: 029 Your Employer: _____</p> <p>Your Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Last Name First Name Middle Name </div> </p> <p>Your ID Number: _____</p> <p>Name of Financial Institution: _____</p> <p>Transit Number: _____ Institution Number: _____</p> <p>Account Number: _____</p>
<p>2. Privacy</p>	<p>Protecting Your Personal Information</p> <p>Both Benefit Plan Administrators Limited and Asbestos Workers Local 95 Living Allowance Trust Fund recognize and respect the importance of privacy. When you apply for the Living Allowance, we establish a confidential file that is kept in the offices of Benefit Plan Administrators Limited. Access to personal information in your file is limited to Benefit Plan Administrators Limited staff or authorized representatives who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. The personal information in your file is used only to administer the Asbestos Local 95 Living Allowance Trust Fund. Both Benefit Plan Administrators Limited and Asbestos Workers Local 95 Living Allowance Trust Fund, maintain Privacy Policies which are available for your review upon request.</p>
<p>3. Authorizations and Declarations</p> <p>This section must be signed and dated in INK by the plan member</p>	<p>Authorizations and Declarations</p> <p>I authorize:</p> <ul style="list-style-type: none"> • Asbestos Workers Local 95 Living Allowance Trust Fund to deposit reimbursement for the Living Allowance directly to the above bank account; • Asbestos Workers Local 95 Living Allowance Trust Fund, my plan administrator, Benefit Plan Administrators Limited, my financial institution, my employer and my union, to exchange only the personal information necessary to determine my entitlement and to execute the direct deposit of funds to administer my Living Allowance benefits. <p>I agree that a photocopy or electronic copy of this <u>Authorizations and Declarations</u> section is as valid as the original.</p> <p>I certify that the information given is true, correct and complete to the best of my knowledge.</p> <p>Plan Member Signature: _____ Date: _____</p>

ATTACH VOID CHEQUE HERE

And Return to
 Benefit Plan Administrators Ltd.
 P.O. Box 3071, Station "A"
 Mississauga, Ontario
 L5A 3A4