

## TRANSFER OF BENEFIT BANK DOLLARS

Ù^} åÁt KÁLiUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2 ÚKÁL FÎÈDI €ËTI Ì ÄÁZKÁL FÎÈDI €ËTI Ì ÀÁÆW: www.liunacare183.com | e: info@liunacare183.com

A Member Information (Please Print)						
Last Name		First Name		Gender	Male	Female
Address				Birth Date (yyyy/mm/dd)		
Town/City			Province		Postal	Code
Union ID <b>OR</b> Social Insurance Number (SIN)				Country		
Email Address				Telephone No.		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.		
B Transfer Information						
Please be advised that the above-mentioned member has instructed us to transfer his/her benefit bank dollars.						
	FROM Local:					
	то					
	Local:					
C Member Disclosure Authorization						
Member Name	a·					
Member Name:(Print Name)						
Mambar Cianat	tura					
wember Signal	ure					
Witness Signat	ure:					
Date Signed:						