

**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: \_\_\_\_\_

**TO**

Local: \_\_\_\_\_

**C Member Disclosure Authorization**

Member Name: \_\_\_\_\_  
*(Print Name)*

Member Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_