

TRANSFER OF BENEFIT BANK DOLLARS

Ù^} åÁt ká⊥iUNAcare Local 183 | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2 Úká FÎ È∃ €ĨI I Ï Ádaká FÎ È∃ €ĨI I Ì Ádav: www.liunacare183.com | e: info@liunacare183.com

A Member Information (<i>Please Print</i>)							
Last Name		First Name			Gender	Male	Female
Address					Date of Birth (yyyy/mm/dd)		
Town/ City	Prov.		Postal Code		Country		
Member Advantage Benefit Card ID Number (last 10 digits)					Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID		
Email Address					Phone #		
Marital Status	Married Common-Law	Single Separated		Divorced Widow	Cell #		
B Transfer In	formation						
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 Nai	me)			
Member Signatu	re:						
Witness Signatu	re:						
Date Signed:							

Please complete, print, sign, and return by fax at 416.240.7488 OR email to info@liunacare183.com