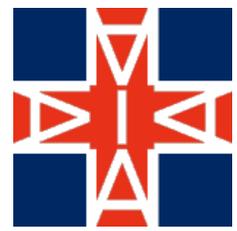




INSULATORS LOCAL 95 LIVING ALLOWANCE TRUST FUND



DIRECT DEPOSIT AUTHORIZATION

Please forward your completed form to Benefit Plan Administrators (BPA) at L95LivingAllowance@bpagroup.com.
To claim Living Allowance payments, visit www.insulators95benefits.com for an application form.

Mailing address: BPA | P.O. Box 3071, Station "A", Mississauga, ON, L5A 3A4 | Toll-free phone number 1-800-867-5615

PLAN MEMBER INFORMATION

Your Employer: _____
Your Name: _____
Your ID Number: _____
Name of Financial Institution: _____
Transit Number: _____
Institution Number: _____
Account Number: _____

PRIVACY

Protecting Your Personal Information:

Both **Benefit Plan Administrators Limited** and the **Insulators Local 95 Benefit Trust Fund** recognize and respect the importance of privacy. When you apply for the Living Allowance Benefits, 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 Insulators Local 95 Benefit Trust Fund. Both **Benefit Plan Administrators Limited** and the **Insulators Local 95 Benefit Trust Fund** maintain Privacy Policies which are available for your review upon request.

AUTHORIZATIONS AND DECLARATIONS

I AUTHORIZE:

- Insulators Local 95 Benefit Trust Fund to deposit reimbursement for the Living Allowance Benefits directly to the above bank account;
- Insulators Local 95 Benefit 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.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

PLAN MEMBER SIGNATURE: _____ DATE: _____

ATTACH VOID CHEQUE HERE

****YOUR VOID CHEQUE****