

PERSONAL INFORMATION DISCLOSURE FORM
AUTHORIZATION AND DIRECTION

TO: Manion, Wilkins & Associates Ltd. ("MWA")
500-21 Four Seasons Place
Etobicoke, Ontario
M9B 0A5

I, _____, identified by my certification number: _____, my birth date:
____/____/____ (DD/MM/YY) and my home address (Street
Address): _____, City: _____, Province: _____,
Postal Code: _____, am a Member of the _____ Plan.

For the purposes of this form, a third party includes and is limited to:

- The Member's spouse or immediate family member;
- The Member's Business Representative.
- The Board of Trustees for the Plan;

Upon my request to a third party to obtain specific information relating to my benefits, claims or beneficiaries, I hereby authorize and direct MWA to release such information to the third party, provided that MWA finds the release of such information to be reasonable under the circumstances.

I agree to notify MWA in writing if I wish to authorize and direct MWA to release only specific information to specific individuals.

Information will be disclosed in accordance with governing legislation and Plan documents.

THIS SHALL BE YOUR GOOD AND SUFFICIENT AUTHORITY FOR SO DOING.

By signing below, I release the Trustees, the Trust Fund(s), and Manion, Wilkins & Associates Ltd. from any resultant liability that may occur from the disclosure of personal information.

I understand that this authorization and direction to disclose information remains in effect until I otherwise inform Manion, Wilkins & Associates Ltd in writing or in person. It is my responsibility to ensure that this authorization and direction is up-to-date and reflects my current wishes.

Dated at _____ this _____ day of _____, 20____

Signature of Member

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INSTRUCTIONS FOR COMPLETION

In order to protect your privacy, your personal information used for the administration of your benefits cannot be released or discussed with anyone other than yourself – not even your Spouse - unless you specifically request and authorize it. The Personal Information Disclosure Form allows you to authorize the Plan Administrator to release or discuss your personal information relating to the benefits administered on your behalf with certain Third Parties (defined as follows).

Third Parties include:

- Your spouse or a member of your immediate family (parents, siblings or adult children)
- The Board of Trustees
- Your Business Representative and/or Secretary of the Local Union Office.

If you wish the Plan Administrator to release or discuss your personal information with any Third Party (as defined above) please complete the form, sign it and return it to the Plan Administrator.

If you wish to specifically designate someone who is not identified as a Third Party, to make inquiries on your behalf, or if you don't want your information released to a particular party, please notify us in writing of your wishes.

This form goes into effect on the date the Administrator receives the information and is valid until you wish to change your designation. Your designation may be changed at any time by notifying the Plan Administrator in writing.

If you have any questions or wish to make a specific inquiry please contact the Plan Administrator directly at (416) 234-3511 or toll free at 1-800-263-5621.