



CMAW Benefit and Pension Plans

1000 – 4445 Lougheed Hwy, Burnaby, BC V5C 0E4

Toll-Free: 1.844.366.2629 Fax: 604.433.8894

RELEASE AND AUTHORIZATION FORM

I, the undersigned, _____
(Print Name of Member)

hereby authorize the Administration Office of the CMAW Benefit and Pension Plans of B.C. to provide any data on file pertaining to my membership in either or both of the CMAW Pension or Benefit Plans of B.C. requested by

(Print Name of Authorized Representative)

I understand that confidential and personal information may be released to the above described Authorized Representative in accordance with this authorization, but that the Authorized Representative will not be entitled to initiate any elections for plan coverage or implement any transactions on my behalf.

This authorization will remain in effect until (check one)

I provide you with updated instructions **OR**

Date: _____
Month Day Year

Member Number:

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 Birth Date: _____
Month Day Year

If this is not your first Release and Authorization Form, please check which applies:

This form is ADDING TO earlier authorization(s). My old form(s) still apply.

Please REMOVE any authorizations from earlier forms and use this form only.

Signature of Member

Date Signed

If you wish to allow someone else to have access to your personal information and entitlements under the CMAW Benefit & Pension Plans of BC, please complete this form and send to:

CMAW Benefit and Pension Plans of BC
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