

PERSONAL INFORMATION DISCLOSURE FORM

AUTHORIZATION AND DIRECTION

TO: Manion Wilkins & Associates Ltd. ("Manion")
As Administrator of the _____ (the "Plan")

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

Manion is hereby authorized to release information relating to my benefits, claims or beneficiaries to the following, unless the Board of Trustees of the Plan or Manion finds the release of such information to be inappropriate under the circumstances:

(Check boxes below and provide accurate information):

- The Member's spouse or immediate family member:

Name: Relationship: Phone Number: Address:	Name: Relationship: Phone Number: Address:
Name: Relationship: Phone Number: Address:	Name: Relationship: Phone Number: Address:

- The Member's Business Representative and/or Secretary/Staff of the Local Union Office.

I agree to notify Manion in writing if I wish to direct Manion to release only specific information to specific individuals. Disclosures will be 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 from any liability relating to the disclosure of personal information. I understand that this authorization and direction to disclose information remains in effect until I otherwise inform Manion 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. This authorization expires when I am no longer a member of the Plan identified above.

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) – these individuals must be identified on the form.

- Your Business Representative and/or Secretary or Staff of the Local Union Office.

If you wish the Plan Administrator to release or discuss your personal information with any of these Third Parties, please complete the form, sign it and return it to the Plan Administrator.

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 1-866-532-8999