



THE PLAN OFFICE OF THE  
**IWA-FOREST INDUSTRY  
PENSION & LTD PLANS**

# INTERNATIONAL FUNDS TRANSFER AUTHORIZATION

2100-3777 Kingsway  
Burnaby BC V5H 3Z7  
T 604.433.5862  
TF 1.800.913.0022

[IWA-FIBP.CA](http://IWA-FIBP.CA)

## Retired members:

Some international financial institutions do not accept Canadian cheques. If this applies to you, complete and submit this form to the Plan Office to have your pension payments deposited directly into your account.

SECTION A MEMBER INFORMATION																											
Last name:	First name and initial(s):	Date of birth:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td></tr></table>													D	D	M	M	M	Y	Y	Y	Y			
D	D	M	M	M	Y	Y	Y	Y																			
Member ID#:	Email:																										
Mailing address:																											
City:	Province/State:	Postal code/Zip code:																									
Country:	Phone number:																										

SECTION B FINANCIAL DETAILS		
Bank name:		
Bank mailing address:	City:	
Province/State:	Postal code/Zip code:	Country:
Bank SWIFT BIC code/Routing code:		
Member's account number (or IBAN/CLABE):		
Bank code type:	Bank account type:	Is this a joint account?
	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings	<input type="checkbox"/> No <input type="checkbox"/> Yes
Payment details or instructions (if applicable):		

## Optional:

Intermediary bank name:		
Intermediary bank mailing address:	City:	
Province/State:	Postal Code/Zip code:	Country:
Intermediary SWIFT BIC code/Routing code:	Bank code type:	
Intermediary bank account number:	Bank account type:	
	<input type="checkbox"/> Chequing <input type="checkbox"/> Savings	

**SECTION C ACKNOWLEDGMENT AND AGREEMENT**

I hereby authorize the trustees of the IWA–Forest Industry Pension Plan to deposit all pension payments due to me under the terms of the plan directly to my account described on the reverse. I understand that international transfers may be subject to delays that are not within the control of the pension plan, and that the pension plan’s obligations in respect of my pension payments are fully discharged when they irrevocably authorize the transfer even if any third party (such as the government in the receiving jurisdiction) delays or prevents my receipt of the funds. I also understand that, in addition to the fees payable by the plan, my bank may charge a fee to receive funds for which I am responsible.

I also acknowledge that although no amounts may be payable to me or my estate by the plan after my death, it is possible that payments to my account may continue until the plan is notified of my death and terminates the transfers. In consideration of the plan agreeing to make transfers to my account, I hereby agree that:

1. Any monies deposited to my account after my death, which, under the terms of the plan are not payable to my estate (an overpayment), are held in trust for the plan and are to be repaid to the plan forthwith;
2. The Plan Office is entitled to request from time to time satisfactory evidence that I am alive and therefore that pension benefits continue to be payable to me under the plan. The Plan Office, at its discretion, may discontinue my pension payments until such evidence has been received.

Signature of member:	Date: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>											D	D	M	M	M	Y	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y	Y												
Name of joint account holder (please print):	Phone number:																				
Signature of joint account holder:	Date: <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>											D	D	M	M	M	Y	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y	Y												

# INSTRUCTIONS

Field name	Description
Bank name	Enter the name of the bank of the beneficiary (recipient of funds).
Bank SWIFT BIC code / routing code	The bank identification code. The SWIFT code is 8 or 11 characters, made up of: <ul style="list-style-type: none"> <li>• 4 characters – bank code (only letters)</li> <li>• 2 characters – country code (only letters)</li> <li>• 2 characters – location code (letters and digits) (if the second character is ‘1’, then it denotes a passive participant in the SWIFT network)</li> <li>• 3 characters – branch code, optional (‘XXXX’ for primary office) letters and digits)</li> </ul>
Bank address	Enter the full address of the bank of the beneficiary.
Destination country	Enter the country where the funds will be transferred to.
Member’s bank account number or IBAN	Enter the bank account number of the beneficiary. For transfers to the EU, enter the IBAN#. Transfers to Mexico require a CLABE code.
Payment details (if applicable)	Enter information or reference description that the beneficiary (recipient) should receive on their transfer advice information from their bank.
Intermediary bank name (if applicable)	If an intermediary bank is required for the transfer, enter the name of the bank. Note: An intermediary bank is an agent bank that is used as a facilitator to wiring the funds to the beneficiary’s bank account. This is only to be entered if the beneficiary specifically states that their bank requires an intermediary bank. Otherwise leave blank.
Intermediary bank account number	If an intermediary bank is required for the transfer, enter the account # the beneficiary’s bank holds at the intermediary bank.