

Privacy Policy Authorization and Consent Form

Pursuant to the *Personal Information Privacy and Electronic Documents Act (PIPEDA)*

I, _____, **PRINT NAME**, consent to and authorize The Power Sector Benefit Trust & Retirement Program to collect use and disclose personal information, including the following information, as required in order to provide me with the full benefits of membership and as otherwise required by law.

Address: _____ Home Tel: _____

Mobile/Cell: _____

E-mail: _____

Date of Birth: _____ S.I.N.: _____

(I understand that I am not required to provide the above information and I do so voluntarily).

I understand that this policy complies with Federal Privacy Legislation and that the Power Sector Benefit Trust & Retirement Program administration may be required to disclose my personal information to other organizations in order to ensure that I receive all of the benefits to which I am entitled to as a member of the trust fund.

I understand that The Power Sector Benefit Trust will maintain my personal information in a secure format with appropriate safeguards to protect my privacy and that, further, The Trust will not sell a mailing list or give permission to a 3rd party to sell a mailing list which includes my address, telephone number and/or email address.

I acknowledge that I have the right and the opportunity to review The Power Sector Benefit Trust & Retirement Program's privacy policy and to obtain a copy of said policy.

► ***Please read and sign reverse***

Having read and understood all of the aforementioned information I hereby authorize the Power Sector Benefit Trust & Retirement Program administration to disclose personal information held by them for the purposes of providing services to which I am entitled to as a member.

Date

Member Signature

Witness Signature

Member Print Name

Witness Print Name



► *Thank you.*