

I, \_\_\_\_\_, S.I.N. \_\_\_\_\_

the undersigned, having presented myself as a member of the Carpenters Pension Fund of Saskatchewan, hereby authorize you to release all information which you have in your possession relating to the rights and benefits under which I may have had as a member of this pension plan to \_\_\_\_\_. This Consent and Authorization will remain in effect until I notify you in writing that I am revoking this Consent and Authorization. This will accordingly be your good and sufficient authority to provide and release such information.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

Please return this form, with your  
original signature by mail to:

Ellement Consulting Group  
10154 108 Street NW  
Edmonton AB T5J 1L3

Phone: (780) 452-5161 Toll Free: 1-800-770-2998