Privacy Policy Authorization and Consent Form

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

_______, consent to and authorize The Power Sector Benefit Trust 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	Cell
	Home
	Email
D.O.B.	S.I.N.

I understand that this policy complies with Federal Privacy Legislation and that the Power Sector Benefit Trust 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 privacy policy and to obtain a copy of said policy.

I acknowledge that the privacy policy may be amended from time to time to reflect changes in federal regulations or organizational practices. I understand that I will be notified of any significant policy changes, and that my continued participation implies agreement with any policy revisions.

Having read and understood all of the aforementioned information I hereby authorize the Power Sector Benefit Trust 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

PSBT Benefits⁺

Member Print Name

Witness Print Name

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