



TRANSFER OF BENEFIT BANK DOLLARS

Unit 204, 200 Labourers Way, Suite 2100 | Vaughan, ON L4H 5H9  
Tel: 416-240-7488 | Fax: 416-240-7489 | www.ccwucare.com | e: info@ccwucare.com

A Member Information (Please Print)

Last Name		First Name		Gender	Male	Female
Address				Date of Birth (yyyy/mm/dd)		
Town/ City	Prov.	Postal Code		Country		
Member Advantage Benefit Card ID Number (last 10 digits)				Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID		
Email Address				Phone #		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell #		

B Transfer Information

Please be advised that the above-mentioned member has instructed us to transfer his/her benefit bank dollars.

FROM  
Local: \_\_\_\_\_

TO  
Local: \_\_\_\_\_

C Member Disclosure Authorization

Member Name: \_\_\_\_\_  
(Print Name)

Member Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_