



Refund Method of Payment

Member Name: _____ Member #: _____

INTERNATIONAL WIRE

- A processing fee will be deducted in accordance to the fees charged by our bank
- This is the **quickest way** to receive your funds as they will be deposited directly to your bank account

CURRENCY OF CHOICE: USD CDN GBP* EURO*

PERSONAL INFORMATION - NAME OF THE ACCOUNT HOLDER PLEASE PRINT CLEARLY			
NAME(S) OF BANK ACCOUNT HOLDER:			
YOUR BANK ACCOUNT NUMBER:			
*IBAN NUMBER (GBP OR EURO):			
YOUR ADDRESS			
		PHONE NUMBER:	
BENEFICIARY BANK INFORMATION PLEASE PRINT CLEARLY			
BENEFICIARY BANK NAME:			
BENEFICIARY BANK ADDRESS:			
BENEFICIARY BANK ABA NUMBER:		BENEFICIARY BANK SWIFT CODE:	
OTHER:			
US INTERMEDIARY BANK INFORMATION PLEASE PRINT CLEARLY			
REQUIRED FOR BENEFICIARY BANK ACCOUNTS OUTSIDE THE USA	USA INTERMEDIARY BANK NAME:		
	USA INTERMEDIARY BANK ADDRESS:		
	USA INTERMEDIARY ABA NUMBER:	USA INTERMEDIARY SWIFT CODE:	
	BENEFICIARY BANK ACCOUNT NUMBER WITH USA INTERMEDIARY BANK:		

By signing below, I confirm the above information to be accurate and therefore will not hold the Chamber Pension Plan at fault if the funds are sent as detailed above but not received or credited due to incorrect information.

Member signature: _____ Date: _____



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Member Name: _____ Member #: _____

SELECT ONE OPTION ONLY PLEASE READ CAREFULLY!!!

<input type="checkbox"/> SENT BY FEDERAL EXPRESS - FOREIGN CURRENCY BANK DRAFT - PLEASE PRINT CLEARLY			
<ul style="list-style-type: none"> Bank drafts must be deposited – THEY CANNOT BE PAID IN CASH AND MAY BE HELD FOR CLEARANCE The draft will be sent to the address provided below ALL applicable processing fee will be deducted from your total redemption 			
CURRENCY OF CHOICE:	OVERSEAS: <input type="checkbox"/> US <input type="checkbox"/> CDN <input type="checkbox"/> GBP <input type="checkbox"/> EUR		
COMPLETE ADDRESS IMPORTANT NOTE: FEDERAL EXPRESS CANNOT DELIVER TO A PO BOX			
		PHONE NUMBER:	
<input type="checkbox"/> CAYMAN ISLAND ACCOUNT - PLEASE PRINT CLEARLY			
<ul style="list-style-type: none"> A CI\$5 fee will be deducted from your total redemption 			
CURRENCY OF CHOICE:	LOCAL: <input type="checkbox"/> KYD <input type="checkbox"/> USD		
NAME OF LOCAL BANK:			
ADDRESS OF LOCAL OF BANK			
LOCAL BANK ACCOUNT NUMBER:		LOCAL BANK TRANSIT NUMBER:	
NAME(S) AS IT APPEARS ON BANK ACCOUNT:			
COMPLETE ADDRESS			
		PHONE NUMBER:	
<input type="checkbox"/> LOCAL DRAFT COLLECTION - PLEASE PRINT CLEARLY			
<ul style="list-style-type: none"> ALL applicable processing fee will be deducted from your total redemption 			
CURRENCY OF CHOICE:	LOCAL: <input type="checkbox"/> KYD <input type="checkbox"/> USD		
NAME OF PERSON COLLECTING:			
PHONE NUMBER:			

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Member signature: _____ Date: _____