

Return this form to the Membership Department, UBCP/ACTRA



UBCP/ACTRA

300 – 380 West 2nd Avenue, Vancouver, BC V6Y 1C8 TEL: 604 689 0727 FAX: 604 689 1145

INSURANCE & RETIREMENT OPTION FORM

I hereby direct my Insurance and Retirement contributions, including deductions at source and those contributed on my behalf by Producers, to the following plan:

- Member Benefits Trust (Insurance) & UBCP Retirement Benefits Society (RRSP)

- Actra Fraternal Benefit Society (Insurance & RRSP)

Print Name: _____ Signature: _____

Date: _____ UBCP #: _____ ACTRA #: _____
MM/DD/YR

VERY IMPORTANT - Please Note: *Until you choose a Benefit Provider, Your money will sit in a non-interest bearing account, and does not provide Insurance coverage or an RRSP.*

FOR OFFICE USE ONLY

Received by: _____ Date Received: _____
MM/DD/YR

Entered in to MFTS by: _____ Date Entered: _____
MM/DD/YR

Copy sent to Member

Copy provided to MBT

Copy provided to AFBS