MUNICIPAL WORKERS RETIREMENT FUND

CONSENT TO THE RELEASE OF MEMBER INFORMATION

I _____ , ID No _____am a member of the Municipal Workers Retirement Fund ('the Fund').

1. I understand and accept that while I am a member of the Fund there is personal information that the Fund needs from me and needs to obtain about me in order to:

   a) process my withdrawal benefits or retirement benefits when I leave employment;

   b) distribute and pay my death benefit to my beneficiaries;

   c) transfer monies for me to another fund if I become a member of another fund; and/or

   d) for the general and proper administration of the Fund.

2. I also understand that:

   (a) the Fund has an obligation to protect that information and can only disclose it to other parties if that is required by law or for the purposes listed above; and

   (b) if the Fund is unable to disclose information relating to me to third parties who assist the Fund with the processes listed above that may negatively affect the Fund's ability to process my benefits and the general management of the Fund.

3. With that understanding, I give my consent freely and voluntarily for the Fund, its officers, employees and agents to:

   (a) use any information it may have or obtain about me for the purpose for which that information was provided; and

   (b) disclose any information it may have or obtain about me to third parties if that disclosure is reasonably required for the purposes listed above.

I further indemnify the Fund, its officers, employees and agents for any claims, expenses, damages or loss that may arise from the above authorised disclosure.

_____ _____

Member's Signature Date