

Consent

**Re: SKD Company Pension Plan for Hourly Employees of the Brampton Division
Registration #0928622**

As you may be aware, PricewaterhouseCoopers Inc. has been appointed as the Administrator for the above-noted pension plan by the Superintendent of Financial Services for the Province of Ontario.

As you are or were a member of the Plan, we may have records relating to your membership, including personal information about you such as your name, address, social insurance number, your current and previous positions with the SKD Company, your years of employment, your salary and your entitlement to benefits under the Plan.

In order for us to administer the Plan, we need to use this information to calculate or determine your pension entitlement and generally speaking, to administer the pension plan. We may also, from time to time, need to collect additional information from you directly or from other organizations like the Plan actuary, recordkeeper and the Plan trustee in order to administer the Plan. We also may need to disclose your personal information to third parties, including the Plan actuary, recordkeeper, Plan trustee, accountants and lawyers.

Canada's privacy law requires us to obtain your consent to our collection, use and disclosure of your personal information. **Although you may refuse to provide us with your consent, if you do not provide us with your consent we may be unable to determine and pay any pension you may have under the Plan.**

If you agree to provide your consent, please sign and date this form. Rest assured that we will only use your information to administrate the pension plan and will not disclose your information for reasons unrelated to the administration of the Plan. We ensure that information we transfer to third parties is kept secure while in their possession and that your information will not be used by them for any purpose other than the services we hire them to provide.

If you have any questions regarding how we will be collecting, using or disclosing your personal information, please contact our office on our toll free telephone line 1-800-431-5711 to reach an associate in our office familiar with the Plan.

I, _____ agree to provide my consent to
(PLEASE PRINT YOUR FIRST & LAST NAME CLEARLY)
PricewaterhouseCoopers Inc. as described above.

Signature

Date

Please return this signed Consent to the following address in the enclosed self-addressed postage paid envelope.

**PricewaterhouseCoopers Inc.
Mississauga Executive Centre
One Robert Speck Parkway Suite 1100
Mississauga, Ontario L4Z 3M3**