## **Direct Deposit Request Form**



Participant ID (if applicable) Pen		nsion Plan Name		New Change	
Last Name First		t Name		Initial(s)	
Address				Date of Birth	
City		ince		Postal Code	
E-mail Address (Optional)			Telephone Number		
Social Insurance Number (Op	E	Employee ID (If applicable)			
Please provide a sample cheque marked void or  have this section completed by your financial institution.  The bank agrees to refund the Trustee any payment or payments received and credited to the account in error or subsequent to the date of his/her death, to the extent funds are available in the account.					
Financial Institution Name					
Institution Number	Branch (Transit) Number		Account Number		
Branch Address					
City		Province		Postal Code	
Branch Telephone Number		Branch Representative Name (please print)			
Please use this to direct payments to a Canadian bank account. If you wish to direct payments to a non-Canadian bank account, please contact us as set out below.					
ACKNOWLEDGMENT AND AGREEMENT					
I hereby acknowledge, agree and direct:					
<ol> <li>CIBC Mellon Global Securities Services Company ("you") to deposit or cause to be deposited any and all future pension payments which you are instructed by my plan sponsor to provide to me, via Direct Deposit.</li> <li>That any payments made after my death, or paid in error while alive, are trust funds to be held, in trust, for the benefit of the above-captioned pension plan and must be, and I hereby direct that they be, returned to the pension plan named above.</li> <li>That I must notify either my former employer or you of any change in the above account information.</li> </ol>					

Participant Signature

Date

to authorities with jurisdiction over the payment, the sender or the recipient.

Please return this form to:

CIBC Mellon Global Securities Services Company Pension Benefit Payments PO Box 5858, Station B London, ON N6A 6H2 Toll free numbers:

In North America 1-800-565-0479 International (call collect) 1-519-873-2218 Fax number 1-800-678-0760

4. In order for you to carry out these instructions, limited personal information required to make payment, such as my name, address, bank account, to the extent required to complete the payment, will be provided to others, and may be subject to review or disclosure

5. That I may revoke or modify these instructions in writing at any time, to be effective within five business days of your receipt of it.