



**REQUEST FOR ELECTRONIC FUNDS  
TRANSFER OF PENSION PAYMENTS/JOINT ACCOUNTS**

PENSIONER NO.	PENSION PLAN	NEW <input type="checkbox"/>
		CHANGE <input type="checkbox"/>
NAME: LAST	FIRST	INITIAL
ADDRESS		
CITY	PROVINCE	POSTAL CODE
SOCIAL INSURANCE NO.		

I HEREBY AUTHORIZE AND DIRECT CIBC MELLON GLOBAL SECURITIES SERVICES (CIBC MELLON) TO DEPOSIT ANY AND ALL FUTURE PENSION PAYMENTS ON THE DUE DATE TO MY ACCOUNT USING ELECTRONIC FUNDS TRANSFER AT THE FOLLOWING FINANCIAL INSTITUTION:

FINANCIAL INSTITUTION NAME	
ACCOUNT NO.	ACCOUNT TYPE

PLEASE PROVIDE A SAMPLE CHEQUE MARKED VOID OR HAVE YOUR FINANCIAL INSTITUTION COMPLETE THE FOLLOWING SECTION:

<b>THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION</b>		
INST. NO.	BRANCH NO.	ACCOUNT NO.
ADDRESS		
CITY	PROVINCE	POSTAL CODE
BRANCH VERIFICATION		
_____ AUTHORIZED BRANCH SIGNATURE		_____ DATE

**ACKNOWLEDGMENT AND AGREEMENT**

I HEREBY AGREE AND ACKNOWLEDGE:

1. 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;
2. THAT I MUST NOTIFY MY EMPLOYER OF ANY CHANGE OF THE ABOVE ACCOUNT INFORMATION;
3. THAT I MAY REVOKE OR MODIFY THESE INSTRUCTIONS IN WRITING AT ANY TIME, TO BE EFFECTIVE UPON RECEIPT OF THE SAME BY CIBC MELLON.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE