

IUPAT Local 177 Pension Trust Fund

CRA Registration No. 0581397

Electronic Deposit of Pension Payments

I, _____, S.I.N. _____ being a pensioner (or a beneficiary receiving monthly payments) of the IUPAT Local 177 Pension Trust Fund, authorize and direct you to have my monthly pension payments electronically deposited directly into the bank account described below. I understand I can change this authorization by sending a written notice to the fund office and my death will end the automatic deposit of pension payments without otherwise affecting future payments to which my beneficiary may be entitled.

Please deposit my monthly payment to:

Name of Institution				
Address (Street)				
City		Province	Postal Code	
Name(s) of Account Holder(s)				
Account No.		Bank No.	Bank Transit No.	

*** You MUST attach a VOIDED cheque if funds are to be deposited into a chequing account.**

If you require assistance providing the required information with respect to your bank account, please contact your financial institution.

Date

Signature of Pensioner
(or Beneficiary receiving payments)

Please return this form, with your original signature, by mail to:

Ellement Consulting Group
1050-11150 Jasper Ave NW
Edmonton AB T5K 0C7

Phone: (587) 855-3122 Toll Free: 1-877-641-3122