

Electronic Deposit of Pension Payments

As a pensioner (or a beneficiary receiving payments), I authorize the fund to electronically deposit my monthly pension payments directly into the bank account described below. I understand I can change this authorization by sending a written notice to the fund office. I also understand my death will end the automatic deposit of pension payments without otherwise affecting future payments to which my beneficiary may be entitled.

Name of Institution						
Address						
			,			
City		Province	Postal Code			
Name(s) of Account Holder(s)						
Account No.		Bai	nk No.	Bank Transit No.		
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* Please 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.						
contact your imaneral institution.						
Date						
Social Insurance Number						
Social insurance number						
Signature of Pensioner or Beneficiary	receiving payments					
Please return this form, with your	Ellement					
original signature by mail to:	1050-11150 Jasper Ave NW Edmonton AB T5K 0C7					
	Phone: (780) 452-5	161 T	oll Free: 1-8	300-770-29	98	