



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

| | | |
|---------------------------------|--------------|-------------------------------------|
| PENSIONER REFERENCE NUMBER | PENSION PLAN | NEW CHANGE <input type="checkbox"/> |
| NAME: LAST | FIRST | INITIAL |
| ADDRESS | | |
| CITY | PROVINCE | POSTAL CODE |
| SOCIAL INSURANCE NO. (OPTIONAL) | | |

I HEREBY AUTHORIZE AND DIRECT CIBC MELLON GLOBAL SECURITIES SERVICES (CIBC MELLON) TO DEPOSIT OR CAUSE TO BE DEPOSITED ANY AND ALL FUTURE PENSION PAYMENTS AS THEY COME DUE USING ELECTRONIC FUNDS TRANSFER TO MY ACCOUNT 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:

| | | |
|--|------------|---------------|
| THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION | | |
| 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 OR CIBC MELLON OF ANY CHANGE IN 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.

CUSTOMER SIGNATURE

DATE

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 CANADA (ENGLISH) 1-800-565-0479
IN CANADA (FRENCH) 1-800-268-1629
FROM USA 1-800-263-4497
FAX NUMBER 1-800-678-0760