

# Direct Deposit Request Form

**CIBC MELLON**

|                                    |                             |   |
|------------------------------------|-----------------------------|---|
| Participant ID (if applicable)     | Pension Plan Name           | New <input type="checkbox"/><br>Change <input type="checkbox"/> |
| Last Name                          | First Name                  | Initial(s)  |
| Address                            | Date of Birth               |   |
| City                               | Province                    | Postal Code   |
| E-mail Address (Optional)          | Telephone Number            |   |
| Social Insurance Number (Optional) | 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:**

1. 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.
2. 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.
3. That I must notify either my former employer or you of any change in the above account information.
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 to authorities with jurisdiction over the payment, the sender or the recipient.
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.

Participant 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  
Collect number 1-519-873-2218  
Fax number 1-800-678-0760