

Direct Deposit Request Form



Please complete 1 form per pension deposit you receive from CIBC Mellon Trust Company.
If any information is missing or incorrect, your change will not be processed and the form will be returned to you.

CIBC Mellon Member ID	Pension Plan Name	New Change
Last Name	First Name	Initial(s)
Address		Date of Birth
City	Province	Postal Code
Social Insurance Number		Telephone Number
Email Address		Employee ID

CURRENT BANK ACCOUNT INFORMATION

If you are setting up direct deposit for the first time, please leave this section blank.

Financial Institution Name		
Institution Number	Branch (Transit) Number	Account Number

NEW BANK ACCOUNT INFORMATION

Please provide a sample cheque marked void or have this section completed by your financial institution.

Financial Institution Name		
Institution Number	Branch (Transit) Number	Account Number
Branch Address		
City	Province	Postal Code
Branch Representative Name (please print)	Branch Telephone Number	Branch Rep Email Address

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 Trust 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 Trust Company
Pension Benefit Payments
P.O. Box 5858, Station B
London, ON N6A 6H2

Toll free numbers:
In North America 1-800-565-0479
International (call collect) 1-519-873-2218