Direct Deposit Request Form

London, ON N6A 6H2



Pensioner Reference Number	Pension F	Pension Plan		New Change		
Surname	Given Na	Given Name(s)		Initial(s)		
Address				Date of Birth (Optional)		
					, , ,	
City	Province	Province		Postal Code		
Social Insurance Number (Op	Employee	Employee ID (if applicable)				
Please provide a	sampl	e cheque marke complete the fo		_	our financial institution	
Financial Institution Name						
Institution Number	h (Transit) Number	Accou	mber			
Branch Address						
City		Province	ovince		Postal Code	
Branch Verification						
Authorized Signature Date					Pate	
		Acknowledgmen	t and Agree	ment		
I hereby agree and acknowled	dge:					
	future p	ension payments			(CIBC Mellon) to deposit or cause to using electronic funds transfer to my	
That any payments made the benefit of the above-ca			error while a	alive, a	are trust funds to be held, in trust, fo	
3. That I must notify my emp	loyer o	r CIBC Mellon of a	ny change in	the at	pove account information;	
That I may revoke or mod same by CIBC Mellon.	ify thes	e instructions in wr	iting at any ti	me, to	be effective upon receipt of the	
Customer Signature		Date				
Please return this form to: CIBC Mellon Global Securities Services Comp Pension Benefit Payments PO Box 5858, Station B		In Ca in Ca	free numbers: nada (English) nada (French) USA		1-800-565-0479 1-800-268-1629 1-800-263-4497	

From USA Collect number

Fax number

1-519-873-2218

1-800-678-0760