



DIRECT DEPOSIT AUTHORIZATION

SECTION A: PENSIONER/PAYEE INFORMATION

Name: _____

Address: _____

SIN No.: _____ Phone No.: (_____) _____

SECTION B: BANKING INFORMATION

The following is required if you wish to have your payments deposited directly into your bank account:

- **For chequing accounts:** attach a void cheque.
- **For savings accounts:** attach an MICR Encoding (*a printout from your financial institution*).

ATTACH "VOID" CHEQUE OR MICR ENCODING HERE.

Please ensure your void cheque/MICR Encoding meets all the requirements before returning this form (*see reverse for checklist*).

Without the above items, CMAW Target Pension Plan (the "Plan") cannot deposit the payments into your account and you will receive your monthly payments by a printed cheque in the mail.

SECTION C: ACKNOWLEDGEMENT AND AGREEMENT

I hereby agree and acknowledge that:

1. the Plan deposit my pension payments directly to my bank account specified above;
2. 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;
3. I may revoke or modify these instructions in writing at any time, to be effective upon receipt of the same by the Plan.

Signature of Pensioner: _____

Date: _____

Signature of Witness: _____

Date: _____

Please Turn Over

DIRECT DEPOSIT CHECKLIST

VOID CHEQUE

- Pre-printed details (we cannot accept altered or handwritten information);
- Account must be in the your name (deposit cannot be made to third party accounts);
- Financial Institution Name and Address (Canadian Bank or Credit Union); and
- MICR coding at the bottom of the cheque (which confirms Bank, Transit and Account numbers for the direct deposit)

MICR Encoding

- Must include all the above information; and
- Stamped and signed by the financial institution

Please retain a copy of this form for your records and return original (a photocopy or faxed copy will be accepted but must be clearly legible) to:

ADMINISTRATOR

CMAW Target Pension Plan
c/o Bilsland Griffith Benefit Administrators
1000-4445 Lougheed Highway
Burnaby BC V5C 0E4

Toll Free in BC: 1.844.366.2629
Fax: 604.433.8894
Email: CMAW@bgbenefitsadmin.com