

## Canada Post Corporation Registered Pension Plan AUTHORIZATION FOR DIRECT DEPOSIT

CRA<sup>1</sup> No. 1063874, OSFI<sup>2</sup> No. 57136

The purpose of this form is to authorize the direct deposit of your monthly pension payments from the Canada Post Corporation Registered Pension Plan (the Plan) into your bank/financial institution account. The completion of this form is necessary in order for pension payments to be deposited directly into your account otherwise payments will be made by cheque.

1. Plan	Member Information (to be completed by you)				
Surname	e Given Name		Employee No		
Street Ac	ddress				
City	Province		Postal Code		
2. Direc	ct Deposit Account Information (to be completed by you and your bank/finan	icial ins	stitution, if applicable)		
Please pu	ut a checkmark ( $\sqrt{\ }$ ) in one of the boxes below to confirm how you are providition:	ing you	ur direct deposit account		
☐ OR	I have attached a void personal cheque				
		attached my bank/financial institution's form that includes my account information (if this applies to you, thorization for Direct Deposit form must <b>also</b> be completed, except for the table below, and returned to price along with your bank/financial institution's form)			
OR	the Pension Centre, along with your bank infancial institution's form,				
	My bank/financial institution has provided my account information in the ta table below is <b>not</b> required if you have attached a void personal cheque or that includes your account information)				
	Name of Account Holder		Bank/Financial Institution's Stamp		
	Institution Number (3 digits)  Branch Number (5 digits)				
	Account Number (maximum 12 digits - no blanks or hyphens)				
	Name of Bank/Financial Institution		,		
	Mailing Address of Bank/Financial Institution City		Province Postal Code		
	Name of Representative of Bank/Financial Institution (please print name)				
	Signature of Representative of Bank/Financial Institution		Date (mm/dd/yyyy)		

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<sup>&</sup>lt;sup>1</sup> - Canada Revenue Agency

<sup>&</sup>lt;sup>2</sup> - Office of the Superintendent of Financial Institutions

3. Authorization and Signature (to be completed by you)				
Γο: RBC Dexia Investor Services (Custodian for the Plan)				
I request that you enroll me in your Direct Service (the Service) for payauthorized to deposit directly to my account at the branch of the bar section 2, all amounts payable to me pursuant to the Plan. I understa referred to as a DIRECT DEPOSIT ADVICE, for my initial pension payment, there is a change to my net payment amount.	k/financial institution, as indicated in the above nd that I will receive a notification of direct deposit at the end of each calendar year and whenever			
I acknowledge that although no amount is payable to me from the Pl deposits to my said account may continue after my death until you ar consideration of your enrolling me in the Service as set out above, I a out above after my death shall be held in trust by my estate for imme paid in error after my death and does not affect survivor benefits as p	re able to cancel my enrollment in the Service. In gree that all sums deposited to my account as set ediate return to you. This applies only to amounts			
Member Signature	Date (mm/dd/yyyy)			
Witness Name	Date (mm/dd/yyyy)			
Witness Signature				
This completed, signed and witnessed form is to be returned to	o: Canada Post Pension Centre PO Box 6300 Stn B Mississauga ON L4Y 0H1			

Canada Post Corporation Registered Pension Plan

Name of Pension Plan

Account Number

Member Account Information (Note: This section is for **internal use only** and is to be completed by RBC Dexia Investor

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Services.)