

IUPAT Local 177 Pension Trust Fund

CRA Registration No. 0581397

Electronic Deposit of Pension Payments

I, _____, S.I.N. _____ being a pensioner (or a beneficiary receiving monthly payments) of the IUPAT Local 177 Pension Trust Fund, authorize and direct you to have my monthly pension payments electronically deposited directly into the bank account described below. I understand I can change this authorization by sending a written notice to the fund office and my death will end the automatic deposit of pension payments without otherwise affecting future payments to which my beneficiary may be entitled.

Please deposit my monthly payment to:

Name of Institution		
Address (Street)		
City	Province	Postal Code
Name(s) of Account Holder(s)		
Account No.	Bank No.	Bank Transit No.

* **You MUST attach a VOIDED cheque if funds are to be deposited into a chequing account.**

If you require assistance providing the required information with respect to your bank account, please contact your financial institution.

_____ Date

_____ Signature of Pensioner
(or Beneficiary receiving payments)

Please return this form, with your original signature, by mail to:	Ellement Consulting Group 10154 108 Street NW Edmonton AB T5J 1L3
	Phone: (780) 452-5161 Toll Free: 1-800-770-2998