

ONTARIO TEAMSTERS MULTI LOCAL PENSION TRUST FUND

LOCAL 647 DIVISION

Canada Revenue Agency Registration Number 0278408

REQUEST FOR DIRECT DEPOSIT OF PENSION BENEFIT PAYMENTS

To overcome the possibility of lost or delayed mail and other postal disruptions, we strongly recommend that you consider having your monthly Pension deposited directly to a bank account. **To take advantage of this service, you must have an active account with a chartered bank, credit union or trust company in Canada which participates in direct deposits through the Canadian Banking System.** All you need to do is sign below and attach a sample cheque or deposit slip which has been marked VOID.

MEMBER'S PERSONAL INFORMATION (print)

Name: _____

Address: _____

Social Insurance Number: _____

➤ **PLEASE ATTACH A SAMPLE PERSONALIZED DEPOSIT SLIP OR CHEQUE MARKED "VOID"**

➤ If you are not attaching a VOID cheque, please complete the information marked below:

Deposit to (Name of Financial Institution): _____

Address of Branch: _____

Bank Number

Transit Number

Account Number

The Trustees of the Ontario Teamsters Multi Local Pension Trust Fund are hereby authorized to deposit payments due to me to my account at the Financial Institution designated above. I also acknowledge and agree that any payments made after my death, or paid in error while I am alive are to be returned to the Trustees of the Ontario Teamsters Multi Local Pension Trust Fund by me, my estate or my Financial Institution upon demand. This authorization shall remain in effect unless cancelled by me in writing. I hereby consent the use of my Personal Information and the Personal Information of my Spouse and Beneficiaries, for record keeping, reporting and Plan administration purposes.

Plan Member's Signature

Date

Printed Name and Signature of Witness *

Date

Witness' Address, Telephone Number and Email Address (Please Print)

**Witness cannot be a family member.*

Please keep a copy of this Form for your records.

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal Information will be protected pursuant to the applicable legislation. The Plan may use and exchange information with relevant persons and organizations including the Trustees, institutions, investigative agencies, unions, insurers, re-insurers, auditors, legal counsel, actuaries, payroll/payment providers and regulatory authorities in order to manage the Plan and entitlement to the benefits of the Plan. Questions related to the Privacy Policy should be directed to the Benefit Administration Office.