

Authorization for Automatic Funds Transfer / Direct Deposit

Alberta Sheet Metal Workers' Retirement Trust Fund

100, 8905 -51 Avenue Edmonton AB T6E 5J3

Phone: (780) 466-1999 Toll Free (Alberta): 1-800-642-3881 Fax: (780) 466-2095

(Direct Deposit will be processed on the 25th of the month
(or the Monday following if the 25th is a weekend)

I, _____ of
Please Print Name

Address: _____
Street

City, Province, Postal Code

Telephone Number

being a Member in receipt of pension income from the Alberta Sheet Metal Workers' Retirement Plan, authorize the crediting of my net monthly pension to my bank account by method of Automatic Funds Transfer.

Bank Route #: _____ Bank Transit #: _____ Account #: _____
(All Foregoing Numbers Must be Provided)

Name of Bank: _____

NOTE: If your deposit is to a chequing account, please attach a **VOID** cheque, otherwise provide the address and telephone number of your bank below.

Please do not write on the magnetic encoding found on the bottom of your cheque.

Bank Address: _____
Street

City, Province, Postal Code

Telephone Number

I further acknowledge by my signature, duly dated, that I shall be responsible for any costs incurred by the Alberta Sheet Metal Workers' Retirement Trust Fund that may arise from my failure to immediately advise Alberta Sheet Metal Workers' Retirement Trust Fund of any change, for any reason, to my bank account number or address of the bank, from the foregoing information.

Pensioner Member Signature

Date of Signature

For Administration Office Use Only:

Accepted by and on behalf of the Alberta Sheet Metal Workers' Retirement Trust Fund

this _____ day of _____, _____.

Karen Niehaus, PPAC, Plan Administrator