



DIRECT DEPOSIT REQUEST

SECTION A - MEMBER INFORMATION

Last name	First name and initial(s)		
Birthdate <i>(dd/mm/yyyy)</i>	Employee ID		
Address	<i>(City)</i>	<i>(Province)</i>	<i>(Postal Code)</i>
Phone	<i>(Work)</i>	<i>(Home)</i>	<i>(Cell)</i>
Email			

Please provide a sample cheque marked void or have this section completed by your financial institution.

The financial institution agrees to refund the Trustee any payment or payments received and credited to the account in error or subsequent to the date of his/her death, to the extent funds are available in the account.

Financial institution name		
Institution number	Branch (transit) number	Account number
Branch address	<i>(City)</i>	<i>(Province)</i> <i>(Postal Code)</i>
Branch telephone number	Branch representative name (please print)	

SECTION B - ACKNOWLEDGEMENT AND AGREEMENT

Please use this to direct payments to a Canadian bank account. If you wish to direct payments to a non-Canadian bank account, please contact the CSS Pension Plan to arrange.

I hereby acknowledge, agree and direct:

1. The CCRL Petroleum Employees' Pension Plan ("you") to deposit or cause to be deposited any and all future pension payments which you are instructed by my plan sponsor to provide to me, via Direct Deposit.
2. That 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 and must be, and I hereby direct that they be, returned to the pension plan named above.
3. That I must notify either my former employer or you of any change in the above account information.
4. In order for you to carry out these instructions, limited personal information required to make payment, such as my name, address, bank account, to the extent required to complete the payment, will be provided to others, and may be subject to review or disclosure to authorities with jurisdiction over the payment, the sender or the recipient.
5. That I may revoke or modify these instructions in writing at any time, to be effective within five business days of your receipt of it.

SIGNATURE OF PLAN MEMBER

DATE SIGNED *(dd/mm/yyyy)*