Canada Post Corporation Registered Pension Plan
AUTHORIZATION FOR DIRECT DEPOSIT
CRA[1] No. 1063874, OSFI[2] 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 | Given Name | Employee No

Street Address

City | Province | Postal Code

2. Direct Deposit Account Information (to be completed by you and your bank/financial institution, if applicable)

Please put a checkmark (√) in one of the boxes below to confirm how you are providing your direct deposit account information:

- ❑ I have attached a void personal cheque

OR

- ❑ I have attached my bank/financial institution's form that includes my account information (if this applies to you, this *Authorization for Direct Deposit* form must **also** be completed, except for the table below, and returned to the Pension Centre, along with your bank/financial institution's form)

OR

- ❑ My bank/financial institution has provided my account information in the table below (the completion of the table below is **not** required if you have attached a void personal cheque or your bank/financial institution's form 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)

[1] - Canada Revenue Agency
[2] - Office of the Superintendent of Financial Institutions

3. Authorization and Signature (to be completed by you)

To: RBC Investor Services Trust (Custodian for the Plan)

I request that you enroll me in your Direct Service (the Service) for payments to me from the Plan. You are hereby authorized to deposit directly to my account at the branch of the bank/financial institution, as indicated in the above section 2, all amounts payable to me pursuant to the Plan. I understand that I will receive a notification of direct deposit referred to as a DIRECT DEPOSIT ADVICE, for my initial pension payment, at the end of each calendar year and whenever there is a change to my net payment amount.

I acknowledge that all payments by the Service are transmitted to the receiving banks/financial institutions on the last business day of the month. Depending on my bank/financial institution, there may be a delay before the funds are deposited into my account.

I also acknowledge that although no amount is payable to me from the Plan after my death, it is possible that regular direct deposits to my said account may continue after my death until you are able to cancel my enrollment in the Service. In consideration of your enrolling me in the Service as set out above, I agree that all sums deposited to my account as set out above after my death shall be held in trust by my estate for immediate return to you. This applies only to amounts paid in error after my death and does not affect survivor benefits as prescribed under the Plan.

_____ _____

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:

Canada Post Pension Centre
PO Box 9104 Stn Main
Concord ON L4K 0R3

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

Canada Post Corporation Registered Pension Plan _____

Name of Pension Plan Account Number