



Canada Post Corporation Registered Pension Plan
AUTHORIZATION FOR DIRECT DEPOSIT

CRA¹ No. 1063874, OSFI² 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.

1. Plan Member Information (to be completed by you)

Form fields for Plan Member Information: 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:

- Options for providing direct deposit account information: I have attached a void personal cheque, I have attached my bank/financial institution's form, My bank/financial institution has provided my account information in the table below.

Table for bank/financial institution information with fields: Name of Account Holder, Institution Number, Branch Number, Account Number, Name of Bank/Financial Institution, Mailing Address, City, Province, Postal Code, Name of Representative, Signature, Date, and Bank/Financial Institution's Stamp.

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

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

To: RBC Dexia Investor Services (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 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 2073
Mississauga ON L5B 3C6**

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

Canada Post Corporation Registered Pension Plan _____
Name of Pension Plan Account Number