

Retirement Department

REQUEST FOR ELECTRONIC FUNDS TRANSFER OF PENSION PAYMENTS

NEW REQUEST <input type="checkbox"/> REQUEST CHANGE <input type="checkbox"/>		
SOCIAL INSURANCE NUMBER _____	PENSIONER NO. _____	PENSION PLAN _____
NAME _____ _____ _____		
LAST _____	FIRST _____	INITIAL _____
ADDRESS: _____ _____		
NO. AND STREET _____		
CITY _____	PROVINCE _____	POSTAL CODE _____

I hereby authorize and direct the Seventh-day Adventist Church in Canada Retirement Department to deposit or cause to be deposited any and all future pension payments as they come due using electronic funds transfer to my account at the following financial institution:

FINANCIAL INSTITUTION	
NAME _____	
ACCOUNT NO. _____	ACCOUNT TYPE _____

Please provide a sample cheque marked void or have your financial institution complete the following section:

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

INST. NO. _____	BRANCH NO. _____	ACCOUNT NO. _____
ADDRESS: _____ _____		
CITY _____	PROVINCE _____	POSTAL CODE _____
BRANCH VERIFICATION _____ _____		
AUTHORIZED BRANCH SIGNATURE _____		DATE _____

ACKNOWLEDGMENT AND AGREEMENT

I hereby agree and acknowledge:

1. 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;
2. that I must notify my employer or the Seventh-day Adventist Church in Canada Retirement Department of any change in the above account information;
3. that I may revoke or modify these instructions in writing at any time, to be effective upon receipt of the same by the Seventh-day Adventist Church in Canada Retirement Department.

SIGNATURE OF WITNESS

SIGNATURE OF PENSIONER

DATE

NAME OF WITNESS (PLEASE PRINT)