

REQUEST FOR ELECTRONIC FUNDS TRANSFER OF PENSION PAYMENT/ JOINT ACCOUNTS

Please choose one: New Change/Update of Information

EMPLOYEE INFORMATION

Member ID No.	Name of Pension Plan		
Last Name	First Name		
Address			
City	Province	Postal Code	
Email Address			

FINANCIAL INSTITUTION INFORMATION

I hereby authorize and direct Nursing Homes and Related Industries Pension Plan to deposit any and all future pension payments on the due date to my account using electronic funds transfer 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:			
Inst. No.	Branch No.	Account No.	
Address			
City	Province	Postal Code	
Branch Verification:	Authorized Branch Signature	Date	MM / DD / YYYY

CERTIFICATION

I certify that the information given on this form is correct and that I may revoke or modify these instructions in writing at any time, to be effective upon receipt of the same by Nursing Homes and Related Industries Pension Plan.

Sign here: _____ Date: _____

A note about privacy: The Plan requires certain personal information about Plan Participants, their employment and their beneficiaries. For example, a pension plan needs to know the birth dates of its Participants and their social insurance numbers. The Plan requires information about Participants' spouses or beneficiaries, so benefits can be paid to the appropriate individual in the event of the Participant's death. Some of this information is provided to the Plan by the Participant's employer. Other information is collected directly from Participants. On occasion, the Plan may need to share some of its Participants' personal information with actuaries and other pension professionals. The Plan will take all necessary steps to protect the privacy of this information. By participating in the Plan, you are consenting to the Plan's collection, use and disclosure of this personal information.