



Benefit Payment Authorization to RBC

Name of Plan **U.A. LOCAL 67 PENSION PLAN** Account Number **T901** Trust Number **077266010**

Name of Payee: _____

Important

For direct deposit, please attach sample cheque marked "VOID", or for deposit to savings account, state name and address of financial institution and account number.

Mr. _____ Mrs. _____ Ms. _____ Dr. _____

Street Address: _____ Apt #. _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Date of Birth: _____ S I N: _____

Payment Method:

Trust Co. / Bank / Credit Union: _____

Branch Transit No.: _____

Account No.: _____

Address: _____
street address unit/suite number
city province country postal code

Please complete base amount (mandatory) and other fields as required by plan

Type of Pension (if required) _____

Please fax to RBC Benefit Payments

	Start Date	Amount
Base _____	_____	\$ _____ -

Comments _____

Acknowledgement _____ **Date** _____

This is your authorization to make payment(s) from the fund above, which is hereby certified to be in full accordance with the terms of the Plan and Trust agreement governing such payments.

Important

1 or 2 signatures, as required by plan text.

Authorized Signature: _____

Authorized Signature: _____