

**Alberta Sheet Metal Workers' Retirement Trust Fund**  
**Authorization for Direct Deposit of Monthly Pension Income**

*(Direct Deposit will be processed on the 25th of the month (or the Monday following if the 25th is a weekend))*

I, \_\_\_\_\_ of  
Please Print Name

\_\_\_\_\_  
Street City, Province Postal Code

\_\_\_\_\_  
Telephone Number

being a Member in receipt of pension income from the Alberta Sheet Metal Workers Retirement Plan, authorize the crediting of my **net** monthly pension to my bank account by method of Direct Deposit.

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
Street City, Province Postal Code

**PLEASE NOTE:** A direct deposit will not take place without a void cheque or a signed direct deposit from your bank attached to this form.

Attach a void cheque (or alternatively a signed direct deposit form from bank).

I further acknowledge by my signature, duly dated, that I shall be responsible for any costs incurred by the Alberta Sheet Metal Workers' Retirement Trust Fund that may arise from my failure to immediately advise Alberta Sheet Metal Workers' Retirement Trust Fund of any change, for any reason, to my bank account number or address of the bank, from the foregoing information.

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date of Signature**

\*\*\*\*\*  
For Administration Office Use Only:

Accepted by and on behalf of the Alberta Sheet Metal Workers' Retirement Trust Fund  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Wanda Hoyle, CEB, Plan Administrator**