



Direct Deposit of Variable Benefits / Monthly Pension

I (name) _____ (SIN #) _____

(address) _____

(city) _____ (province) _____ (postal code) _____

(phone number) _____

wish to have my Co-operative Superannuation Society monthly payments electronically deposited into the following account with:

Name of Credit Union/Bank: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Institution Number: _____

Branch/Transit Number: _____

Account Number: _____

X _____
(Signature of Credit Union / Bank Representative)

X _____
(Signature of CSS Pensioner)

Please do not hesitate to contact the CSS Pension Plan by phone at (306)477-8500 if you have any questions or require more information.

Please mail completed form to:

CSS Pension Plan

PO Box 1850

Saskatoon, SK S7K 3S2

or fax to CSS Pension Plan at:

(306)244-1088