

Benefit Payment Services
145 King Street West
Suite 1910
Toronto, ON M5H 1J8
English 1-866-257-2926
French 1-866-484-6863



ELECTRONIC DEPOSIT AUTHORIZATION FORM

I hereby make the following requests and authorizations relating to my periodic benefit payments from the benefit plan described below: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

(Please print one character in each space allotted – abbreviate if necessary.)

1. COMPANY NAME (FORMER EMPLOYER)

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If you receive multiple benefits from Northern Trust, do you want this change to be applied to all plans?

YES (ALL Plans) NO

If 'NO', enter only the valid plan names and plan numbers (if known) to which this change should be applied.

2.