

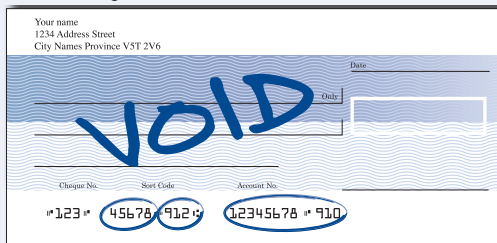
Direct Deposit Registration Form

To benefit from the convenience of receiving your claims payments by pre-authorized direct deposit, you must complete the following steps:

Complete this form and return along with a scanned void cheque to the Plan Administration Office

Surname	First	Initial	ID Number
Address		City	Province Postal Code
Email Address (Mandatory)		Birthdate Year / Month / Day	Telephone ()
Name of Financial Institution		<input type="checkbox"/> Chequing Account <input type="checkbox"/> Savings Account	
Branch Address		City	Province Telephone ()

Please attach either a Void Cheque or a Direct Deposit Authorization form, completed by your financial institution, which verifies your complete bank account encoding information.



Privacy Statement: I authorize the NDT Industry Health Benefit and Pension Plans (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.

Signature

Date

CONCERNED ABOUT PRIVACY?

- We are committed to protecting your personal information and use your information solely for the purpose of administering your Health Benefit and Pension Plan.
- We do not disclose your information without your permission, except in limited circumstances as permitted or as required by law.
- The Plan's Privacy Policy is available at www.ndtbenefits.org.

HOW DO I CANCEL DIRECT DEPOSIT?

- Your Direct Deposit request will remain in effect until you change your banking information or cancel the service.
- To cancel the service, please contact us at 1-888-278-9003.

PLAN ADMINISTRATION OFFICE

45 McIntosh Drive
Markham, ON L3R 8C7
disability@ndtbenefits.org | 1-888-278-9003

KEEPING YOUR DETAILS UP TO DATE

- It is important that we have your current contact details, including your email address. If there is a change to these details, please contact The Plan Administration Office immediately.
- If you want to change the account into which your payments are being deposited, you will need to complete a new Direct Deposit Registration Form. Remember not to close your current account until you have provided your updated details to the Plan Administration Office.

NEED MORE INFORMATION?

If you have any questions or need help to complete this form, please contact us at 1-888-278-9003.