

## INTERNATIONAL ELECTRONIC PAYMENT FORM

To ensure accuracy, <u>please work with your international financial institution</u> to complete the form for electronic payment. If you provide ATRF with incorrect banking information, there is a chance your funds will be misdirected or lost. ATRF is not responsible for reimbursing you for any lost funds due to the provision of incorrect banking information. In the event some or all of the misdirected funds are returned to ATRF, ATRF will deduct its costs of recovery before forwarding you the remainder. **All fields are mandatory** except where "optional" is indicated. **Please complete both pages.** 

Member Information	ATRF ID Number (	optional)						
	Last Name		First Name	Initial				
	Address #1 (physical address, no PO box)  Address #2 (optional)							
	Email							
	Direct Deposit Banking	Financial Institut	ion Information					
Information	Name of Financial Institution							
	Branch Address							
Instructions:	City		Province/State	Postal/Zip Code				
1) Please select "Bank Country/ Territories".	Bank Country/Territories		Bank Account Curr	encv				
2) Complete the	Barin Goaria y Torri	ionos		oney				
auto-populated banking information based upon country selection.	Name of Account H	older						

## **Alberta Teachers' Retirement Fund**

500 Barnett House, 11010 142 Street NW, Edmonton AB T5N 2R1 Tel: 780-451-4166 Fax: 780-452-3547 Toll Free 1-800-661-9582 www.atrf.com





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Banking Information	Financial Institution Certification	ı			,			
(continued)	Representative Name	Signature	Signature					
		Date						
	Telephone		YYYY	MM	DD			
Authorized Signature	Authorized Signature  By my signature below, I confirm that the information provided on this form is correct to the best of my knowledge. Further, I authorize ATRF to make arrangement to direct deposit my pension payments into the non-Canadian bank account indicated above.							
	Member (or *legal representative) signature	Date	YYYY	MM	DD			
	(a. lagariapiaanana) alginatara							

Legal representative name printed (if applicable)

Personal information on this form is collected under the authority of section 25 of the Alberta *Teachers' Pension Plans Act* and sections 33(a) and 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* for the purpose of administering benefits under the Teachers' and Private School Teachers' Pension Plans. If you have any questions regarding the collection of this information, contact ATRF at 1-800-661-9582 or by mail at 500 Barnett House, 11010 142 Street NW, Edmonton, AB, T5N 2R1.

<sup>\*</sup>If signing as a legal representative, please provide us with a certified copy of Power of Attorney, etc. (unless already filed with ATRF).