ATRF Alberta Teachers' Retirement Fund

INTERNATIONAL ELECTRONIC PAYMENT FORM

To ensure accuracy, **please work with your international financial institution** 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

Personal Information

ATRF ID Number (optional)

Last Name | First Name | Initial

Address #1 (physical address, no PO box)

Address #2 (optional)

City | Province/State | Country | Postal/Zip Code

Email | ( ) Telephone

Direct Deposit Banking Information

Financial Institution Information

Name of Financial Institution

Branch Address

City | Province/State | Postal/Zip Code

Please select

Bank Country/Territories | Bank Account Currency

Name of Account Holder

Instructions:

1. Select "Bank Country / Territories"
2. Complete the auto-populated banking information based upon country selection
3. Complete page 2 of this form

Alberta Teachers' Retirement Fund Board

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

(continued)

Financial Institution Certification

Representative Name

Signature

Telephone

Date 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

Legal representative name printed (if applicable)

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

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.