If you elect an Annuity option and do not complete and return this form, your pension cheque will be mailed to your home address on file.

Direct Deposit Form

Name of Participant: _____ Employee ID: _____

Payee's Authorization *(To be completed by Payee)*

- I, _____, hereby authorize that my pension benefit be electronically transferred to my account at the institution listed below.
- I verify the accuracy of the information below and agree to refund any amounts found to be overpayments based on this information, provided the funds are available in the account listed.
- This authorization will remain in effect until I have cancelled or changed it in writing. I understand that my institution will furnish the Trustee with the necessary assurance that it will refund any payment received or credited to my account in error or after my death.

Institution Number and Name	Institution Address (include Branch if applicable)
ACH Routing / Transit Number	City Province Postal Code
Payees' Bank Account Number	*Type of Account (please check one)* ☐ Checking ☐ Savings
Signature of Payee	Date

Direct Deposit will be through Electronic Funds Transfer unless the bank or financial institution is located outside of the Canada, United States, or if the account information cannot be verified. If this form is not returned or is returned incomplete, your payment will be issued via cheque and will be mailed to your home address.

RETURN ALL FORMS AND DOCUMENTATION TO:
Dow Canada Pension Service Centre c/o WTW
130 King Street West
Suite 1500, P.O. Box 424
Toronto, ON MSX 1E3