



U. S. Application for Direct Deposit from RBC Investor Services

- 1) Please complete Section 1 and be sure to include your Pension Plan Company Name and your SIN or Foreign Social Security Number (FSSN).
- 2) Forward the application to your financial institution to complete Section 2, then return the completed form to RBC Investor Services by fax or mail, as noted below.

SECTION 1 (To be completed by Payee)

Name of Payee (last, first, middle initial)	Type of Depositor Account Checking <input type="checkbox"/> Savings <input type="checkbox"/>																				
SIN OR FSSN (Used by RBC Investor Services on Tax Slips)	Depositor Account Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																				
Address	<p style="text-align: center;">PAYEE CERTIFICATION</p> <p>I understand and accept as a result of my instructions my monthly pension payment will be converted from Canadian to US dollars and deposited to my account. If you are unable to process the payment for any reason I will be liable for any exchange rate loss, which may result.</p> <p>A charge of \$3.75 (subject to change) will apply for this service and will be debited directly from my monthly pension payment. (Code 9998, for office use only)</p> <p>Pensioner Name:</p> <p>Signature _____</p>																				
City State Zip Code																					
Pension Plan Company Name																					

SECTION 2 (To be completed by Financial Institution)

Name and Address of Financial Institution	ROUTING NUMBER Check Digit <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																				
Branch City	Transaction Code <input type="checkbox"/> 22 <input type="checkbox"/> 32																				
<p>FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named payee, the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.</p>																					
Print or Type Representative's Name	Signature of Representative	Telephone Number	Date																		

Please return this application by fax or mail to:

**RBC Investor Services
Benefit Payment Services
155 Wellington Street West, 3rd Floor, Toronto, Ontario
CANADA M5V 3L3
Fax: 416-955-2631**