Ford Motor Company of Canada, Limited
Retirement Pension Plan Administration

ELECTRONIC FUNDS TRANSFER REQUEST

Return Form To:
FORD MOTOR COMPANY OF CANADA, LIMITED
PENSIONS ADMINISTRATION DEPARTMENT
P.O. BOX 2000 OAKVILLE, ONTARIO L6J 5E4
FAX # (905) 845-1503

**** *THIS FORM CHANGES EFT FOR YOUR PENSION AND / OR SIBI ONLY*

**** *IF YOU MAKE MONTHLY HEALTH CARE CONTRIBUTIONS PLEASE CONTACT THE BENEFIT CENTRE AT 1-866-376-9501 TO CHANGE YOUR EFT FOR HEALTH CARE CONTRIBUTIONS*

I hereby elect to have my pension benefits paid to me via electronic funds transfer. Please credit all payments to my Canadian bank account as specified below.

My Canadian Banking Information is:

(Transit #)	(Bank #)	(Account #)

My Social Insurance Number is: ___ - ___ - ___

or

My Global ID / Pensioner ID is: _____

Note
Please attach a blank cheque, marked "VOID", for the above account. If this is not possible, your bank branch can assist you in completing the account information.

Please provide the following details about you. (Please Print)

First Name: _____ Last Name: _____

Mailing Address: _____
Street

City _____ Province _____

Postal Code _____ ( ) _____
Phone Number

I agree and direct my Bank to return to Ford Motor Company of Canada, Limited any amounts so deposited to which I am not entitled. I further agree that my heir(s), executor(s), and administrator(s) return owed amounts on behalf of my estate to the Company. Pension payments are deposited on the first day of the month, in advance for that month.

Date (Month/Day/Year) _____ Signature of Pensioner _____

Requests should be submitted a minimum of four weeks prior to the desired deposit date.

Issued by: Pension Administration, Employee Benefits Finance Treasury Dept. - Issue Date: June 2012