



ELECTRICAL INDUSTRY PENSION TRUST FUND OF ALBERTA
4211 – 95 Street NW, Edmonton, Alberta T6E 5R6
Telephone: (780) 465-2882, press 2 for Pension department

2020 ANNUAL PENSIONER INFORMATION FORM

TO: ALL PENSION / BENEFICIARY RECIPIENTS:

Please complete and sign the information in front of a witness. The form verifies your contact and banking information. This Annual Information Form is required to:

- ensure you receive pension payments and up-to-date information,
provide for the security of pensions paid from the Fund, and
comply with audit requirements.

Unless the completed form is received by July 31, 2020 your pension will be temporarily suspended. The form must be completed even if you have no changes. Send the completed form by mail using the enclosed self-addressed envelope, by facsimile to (780) 465-0808, or by email to pension@ebfa.ca

1. My address has changed. [] YES [] NO

If yes, my new address is:

2. My Phone Number/Area Code is: _____

My Cell Phone # / Area Code is: _____

3. My EBFA Stakeholder Number is: _____

(Your Stakeholder Number can found on your Post-Pension Statement)

4. My email address is: _____

5. My bank or financial institution information has changed:

Yes [] NO []

If yes, attach a void cheque, or have a personal bank representative provide the required information in writing.

6. The Pensioner/Beneficiary must print and sign below and have the form witnessed by a person over the age of 18. If this form is not completed in detail, or is not witnessed, it is invalid and will be returned to you for completion.

Pensioner's Name (Please print)

Witness' Name (Please print)

Pensioner's Signature

Witness' Signature