

**AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR
THE PURPOSE OF TRIUMF'S RETIREE BENEFIT PLAN**

1. Payor's Name and Address - please print

I/We warrant and represent that the following information is accurate:

Mr. Mrs. Ms. Miss	First Name	Surname
Street		
City	Postal Code	Telephone No.

Name of Payor's Financial Institution (the "Processing Institution")

Name of Financial Institution		
Street		
City	Postal Code	Account No.

I/We have attached a cheque marked "VOID" to this payor authorization (the "Authorization").

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the pre-authorized debit. **I authorize debits to commence on the last week of _____ 2016.**

2. Payee's Name and Address

Name of Payee ("the Payee")		
TRIUMF		
Street		
4004 Wesbrook Mall		
City	Postal Code	Telephone No.
Vancouver	V6T 2A3	(604) 222-1047

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) ("the pre-authorized debit") drawn on the Account, for the following purpose:

TRIUMF RETIREE BENEFIT PLAN

6. I/We may cancel the Authorization at any time upon providing written notice to the Payee, thirty (30) days prior to effective date of cancellation.
7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. The Payee will provide to me/us, at the address provided in Section 1:

- (a) with respect to fixed amounts pre-authorized debits, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the first pre-authorized debit, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);

- 9. In the last week of each month, the Payee may issue a pre-authorized debit for the premium payments of the following month, in the dollar amount of \$ _____.
- 10. I/We acknowledge that the Processing Institution is not required to verify that a pre-authorized debit has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the pre-authorized debit was issued has been fulfilled by the Payee as a condition to honouring a pre-authorized debit issued or caused to be issued by the Payee on the Account.
- 11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
- 12. I/We may dispute a pre-authorized debit only under the following conditions:
 - (i) the pre-authorized debit was not drawn in accordance with the Authorization;
 - (ii) the Authorization was revoked; or
 - (iii) pre-notification, as required under Section 8 was not received.

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including ninety (90) calendar days after the date on which the pre-authorized debit in dispute was posted to the Account.

I/We acknowledge that when disputing any pre-authorized debit beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the Payee, outside the payments system.

- 13. I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada as required to complete any pre-authorized debit.
- 14. I/We understand and accept the terms participating in TRIUMF's pre-authorized plan for premium payments for Retiree Benefits.

(Client Name in full – please print)

(Client Name in full – please print)

(Authorized Signature)

(Authorized Signature)

(Date)

PLEASE ATTACH A VOIDED CHEQUE TO THIS FORM