



APPLICATION FOR DIRECT DEPOSIT

Pension and Group Insurance Administration Division
Human Resource Secretariat - Executive Council
P.O. Box 8700, St. John's, NL, A1B 4J6
Fax (709) 729-6790

PERSONAL DATA

Surname: _____ Given Name: _____

Social Insurance Number: _____ Telephone: (____) _____

Home Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Effective upon receipt of this application, please direct my semi-monthly pension to:

Bank: _____ Bank #: _____

Branch: _____ Branch #: _____

Account #: _____

Signature: _____ Date: _____

It is recommended that you attach a sample personalized deposit slip, or sample cheque marked "void" and return with this form to the Pensions Administration Division at the above noted address. Please note that failure to provide the Bank number and Branch number by completing the shaded area or, by attaching the above referenced sample deposit slip or cheque, could result in a delayed deposit.

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The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns please contact the Pensions Administration Division.