



Public Service Pension Plan

DIRECT DEPOSIT AUTHORIZATION (FOR RETIRED MEMBER OR BENEFICIARY)

PERSON ID

Public Service Pension Plan

PO Box 9460
Victoria BC V8W 9V8

Location 2995 Jutland Road, Victoria

Web pspp.pensionsbc.ca

Toll-free in Canada/U.S. 1 866 876-6777
Fax 250 953-0431
Email Retired@pensionsbc.ca

INSTRUCTIONS

- Complete this form to indicate where monthly payments are to be deposited.
- **Either attach a personal cheque or you may take the form to your bank, trust company or credit union for verification.**
- Available for financial institutions within Canada only.
- It's important that you tell us if you change your mailing address as we regularly send newsletters and pension payment information to retired members or beneficiaries.
- Please type or print clearly and submit your completed form to the Public Service Pension Plan.

LAST NAME

FIRST NAME

MAILING ADDRESS (include apartment number, if applicable)

CITY

PROVINCE

POSTAL CODE

HOME PHONE (include ten digits)

I wish to have my monthly pension payments deposited to:

please check (✓) one

- ☐ My Chequing Account—Attach a sample cheque marked “**VOID**” and submit with this **signed** form.
- ☐ My Savings Account—Complete details below:

BANK OR OTHER FINANCIAL INSTITUTION NAME

BRANCH ADDRESS (include unit number, if applicable)

CITY

PROVINCE

POSTAL CODE

ACCOUNT NO.

INSTITUTION NO.
(include 3 digits)

TRANSIT NO.
(include 5 digits)

PLAN BENEFIT PAYMENTS USE ONLY

0

DATE CODED

INITIALS

YYYY-MM-DD

RETIRED MEMBER OR BENEFICIARY SIGNATURE
(must be completed)

DATE SIGNED
YYYY-MM-DD

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

If you wish to keep a copy for your records, please photocopy