

DIRECT DEPOSIT AUTHORIZATION

(FOR RETIRED MEMBER OR BENEFICIARY)

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 Municipal Pension Plan.

PERSON ID		

Municipal Pension Plan

PO Box 9460

Victoria BC V8W 9V8

Location 2995 Jutland Road, Victoria

Web mpp.pensionsbc.ca

Toll-free in Canada/U.S. 1 866 876-6677 Fax 250 953-0431 Email Retired@pensionsbc.ca

•					<u>o.</u>	
LAST NAME		FIRST NAME				
MAILING ADDRESS (include apartment number, if applied	cable)					
CITY		PROVINCE	POSTAL CO	DE HOME PHO	NE (include ten digits)	
Lyich to have my monthly panaign nayman	to donosited to:					
I wish to have my monthly pension paymen please check (🗸) one	is deposited to.					
☐ My Chequing Account—Attach a sam	ple cheque marl	ked "VOID"	and submit	with this signed f	form.	
☐ My Savings Account—Complete deta	ils 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 dig	gits)	PLAN BENEFIT PAYMENTS USE ONLY		1
	0			DATE CODED	INITIALS	
RETIRED MEMBER OR BENEFICIARY SIGNATURE (must be completed)	<u> </u>	DATE SIGNED YYYY-) MM–DD	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