



APPLICATION FOR DIRECT DEPOSIT

PENSIONS ADMINISTRATION DIVISION

Department of Finance, P.O. Box 8700, St. John's, NL, Canada, 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: _____

Branch: _____

Account #: _____

Signature: _____ Date: _____

Please attach a sample personalized deposit slip, or sample cheque marked "void", and return to the Pensions Administration Division at the above noted address.

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.