



APPLICATION FOR DIRECT DEPOSIT

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 Teachers' Pension Plan Corporation at the address below.