

DIRECT DEPOSIT FORM

Please complete this form and return it to the Teachers' Pension Plan Corporation along with either a VOID cheque or a personalized deposit slip from your bank.

Once completed, the documents can be returned by either uploading them to myPENSION by clicking on Documents and Info > Upload Documents or they can be returned to the Teachers' Pension Plan Corporation at the address below.

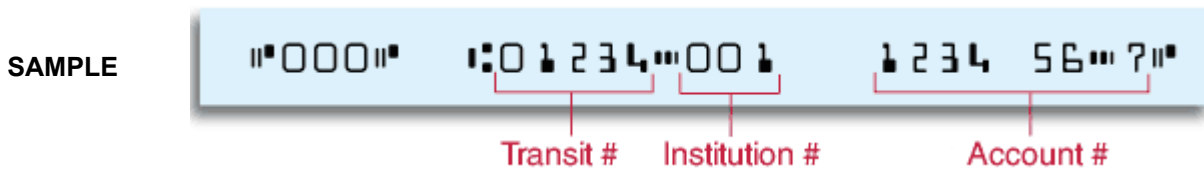
Section I – PERSONAL INFORMATION

PLAN MEMBER'S LAST NAME	FIRST NAME	INITIALS
SOCIAL INSURANCE NUMBER	HOME MAILING ADDRESS	
DATE OF BIRTH		
PERSONAL EMAIL ADDRESS	PHONE NUMBER	

Section II – BANKING INFORMATION

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

FINANCIAL INSTITUTION	TRANSIT NUMBER	ACCOUNT NUMBER
3 DIGITS	5 DIGITS	7 DIGITS



Section III – AUTHORIZATION

APPLICANT SIGNATURE	DATE SIGNED
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