



Civil Service
Superannuation
Board

DIRECTION FOR PAYMENT SURVIVOR/BENEFICIARY PENSION

Name of Deceased: _____ PIN: _____

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION PAYMENTS

I hereby authorize and direct the Civil Service Superannuation Board to deposit my monthly pension payments to the following account:

Name of Bank/Credit Union/Trust Company: _____

Address of Bank/Credit Union/Trust Company: _____

Financial Institution Number (3 digits): _____

Branch Transit Number (5 digits): _____

Account Number: _____

I enclose a blank cheque marked **VOID** for the above account. If a void cheque is not attached, I acknowledge that it is my responsibility to ensure that the information specified above is correct.

I agree to advise the Civil Service Superannuation Board of any change in my bank account location and/or number.

Applicant's Name (please print)

Phone Number

Applicant's Signature

Date