

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 your myPENSION portal 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

LAST NAME			IRST NAME		MIDDLE INITIAL	
SOCIAL INSURANCE NUMBER		HOME N	IAILING ADDRESS	·		
DATE OF BIRTH						
PHONE NUMBER			PERSONAL EMAIL ADDRESS			
Section II – BANKING INFORMATION Effective upon receipt of this application, please direct my semi-monthly pension to:						
FINANCIAL INSTITUTION TRANSIT NUM 3 DIGITS 5 DIGITS			AC	COUNT NUMBE 7 DIGITS	ER	
SAMPLE	"°000"° •:	01234	OO 1	1234	567	
		Transit #	Institution #	Α	ccount #	
Section IV – AUTHORIZATION						
APPLICANT SIGN	ATURE		DA	TE SIGNED		