

**DIRECT ELECTRONIC DEPOSIT FORM
PENSIONER INFORMATION**

PART A:

PIN/PENSIONER NUMBER _____ (To be assigned)

PENSIONER LAST NAME

FIRST NAME & INITIAL

I hereby authorize and request the Teachers' Superannuation Fund to electronically deposit my pension payroll cheque with the financial institution specified below:

Signature: _____ Date: _____

Information slips (cheque stubs) will be provided on a monthly basis.

PART B:

Please attach an unsigned cheque clearly marked "VOID" or have your bank provide the following information:

BANK CODE #

BRANCH TRANSIT #

BANK ACCOUNT NUMBER

NAME AND ADDRESS OF INSTITUTION

PLEASE RETURN THIS FORM TO:

THE TEACHERS' SUPERANNUATION FUND

P.O. BOX 2000

CHARLOTTETOWN, PE C1A 7N8

Attn: Darlene Kneabone