



U.S. DIRECT DEPOSIT AUTHORIZATION

PERSON ID

INSTRUCTIONS

- Complete this form to indicate where your monthly payments are to be deposited.
- Take this form to your financial institution to verify your account information.
- Your first direct deposit will be made approximately two months after receipt of your completed enrollment form.
- Your payment will be deposited into your account in U.S. dollars and may vary from month to month depending on the exchange rate applied.
- It's important to keep your mailing address current as we regularly send newsletters and payment information to retired members or beneficiaries.
- Please type or print clearly and submit your completed form to the WorkSafeBC Finance Branch.

WorkSafeBC Finance Branch
 PO Box 9460
 Victoria BC V8W 9V8
 Location 2995 Jutland Road, Victoria
 Web worksafebc.pensionsbc.ca

Toll-free in Canada/U.S. 1 866 322-9277
 Fax 250 953-0430
 Email PBP@pensionsbc.ca

RETIRED MEMBER OR BENEFICIARY INFORMATION

LAST NAME		FIRST NAME	
MAILING ADDRESS <i>(due to the U.S. National Automated Clearing House Association banking authority rules, if your address contains a PO Box, there may be delay in payment)</i>		CITY OR TOWN	STATE ZIP CODE
HOME PHONE <i>(include ten digits)</i>		SOCIAL INSURANCE NO. <i>(Canadian SIN must be completed)</i>	

FINANCIAL INSTITUTION INFORMATION

TYPE OF ACCOUNT – *please check (✓) one:* Chequing – Attach a VOID cheque Savings

TRANSIT/ABA NO.	ACCOUNT NO.	FINANCIAL INSTITUTION PHONE NO. <i>(include ten digits)</i>
ACCOUNT HOLDER(S) NAME(S)	FINANCIAL INSTITUTION NAME AND ADDRESS <i>(include street, city or town, state and zip code)</i>	

(STAMP MAY BE USED)

FINANCIAL INSTITUTION OFFICIAL SIGNATURE <i>(must be completed)</i>	DATE SIGNED YYYY – MM – DD
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I authorize the Pension Corporation to convert my pension payment from Canadian dollars to U.S. dollars and to deposit my payment to the account chosen on this form. I agree to accept the exchange rate applied by the Pension Corporation to the payments. I agree to the Pension Corporation sharing my personal information with a bank, trust company or credit union located in the United States to permit the electronic payment of my pension. I acknowledge and agree that the personal information requested on this form may be collected, used, disclosed or stored outside of Canada.

RETIRED MEMBER OR BENEFICIARY SIGNATURE <i>(must be completed)</i>	DATE SIGNED YYYY – MM – DD
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Freedom of Information and Protection of Privacy Act—The personal information requested on this form is collected under the authority of the *Workers' Compensation Act* and will be used to administer a plan member's pension and other non-pension benefits. The *Freedom of Information and Protection of Privacy Act* protects the personal information collected from unauthorized use and disclosure. If you have any questions about the collection, use or disclosure of this information, contact the Privacy Officer at 2995 Jutland Road, Victoria BC V8T 5J9 or by telephone at 250 387-1002.

If you wish to keep a copy for your records, please photocopy

FINANCE USE ONLY	
DATE CODED YYYY – MM – DD	INITIALS