DIRECT DEPOSIT SERVICE FOR PENSION BENEFIT PAYMENTS

for former employees of the Province of New Brunswick



Who does this apply to?

This is a request for direct deposit of your pension benefit payments.

How does it work?

- Your payment will be deposited to your account in any financial institution in Canada.
- You will receive Notice of Deposit information only when a change occurs in the amount of your deposit.

What is required?

- You must complete and return this direct deposit form for initial set-up, or for subsequent change of account number.
- Mail to: Vestcor, PO Box 6000, Fredericton NB E3B 5H1 or fax to: (506) 457-7388.

Where can I get more information?

For more information, contact Vestcor at (506) 453-2296 or toll free at 1-800-561-4012.

To be Completed by the Plan Member

Instructions:

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If you have a personalized cheque on which your name and account number are printed, you can simply attach a blank cheque to this document. Please mark "VOID" across the face of the cheque. If you do not have such a cheque, the section at the bottom of the form **must** be completed and validated by your bank or financial institution. **Please note:**

 Pension benefit payments will be deposited to the bank account provided until further notice and appropriate authority from you to change account numbers; and

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Your signature is required below.

First Name:	Last Name:			
SIN (optional): / /	Vestcor Reference Number:	OR Employee II	D Number:	
Address:				
Telephone:	Pension Plan:			
PRIVACY CONSENT: The personal information collected benefits or update an existing direct deposit (as application plan's governing documents and application any questions about the collection and use of this information 253-2296 or 1-800-561-4012, or by email at <a attached)<="" cheque="" href="mailto:info@vestion.com/info@vestion.com</td><td>able); contact the member as necessary; and a
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rmation, contact Vestcor's Member Services te
t<u>cor.org</u>. In addition, please note that Vestcor</td><td>ultimately ensure that the pension plai
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eam, by mail at P.O. Box 6000, Frederic
's Privacy Statement is available at <u>ww</u></td><td>n is administered in accordance
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vw.vestcor.org/privacy.</td><td>with
ou have</td></tr><tr><td>Action Lation. Feel thy that the injuliation above</td><td>e is accurate and i hereby authorize vesicor t</td><td>o create this account with my pension</td><td>benefit payments.</td><td></td></tr><tr><td>Signature (Required):</td><td></td><td> Date: _</td><td>//</td><td>Year</td></tr><tr><td>To be Completed by Bank or Financia</td><td>Institution – please print (only if</td><td>" is="" not="" td="" void"=""><td></td><td></td>				
Bank/Financial Institution Name:				
Bank/Financial Institution Address:				
Authorized Signature:		Date:	/ / / / /	Year
Transit Number Bank Identification Plan Member Account Number	Validation Stamp			

Please return completed form as soon as possible to:

Vestcor

P.O. Box 6000, Fredericton, NB E3B 5H1

Fax: 506-457-7388

For more information, please contact Vestcor at:

Telephone: 506-453-2296 or 1-800-561-4012 (toll free)

Email: info@vestcor.org Website: vestcor.org