



U.S. Direct Deposit Authorization

Public Service Pension Plan (PSPP)

Use this form to sign up for direct deposit of your OPB pension into a U.S. bank account.

OPB client number

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OPB client information

| | | |
|--|--|--|
| OPB client last name - print | OPB client first name | Initials |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Contact telephone number | E-mail address | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |

Please have your U.S. bank or financial institution complete the information section below. The conversion process could take approximately 4 to 6 weeks before you start receiving your payments in your U.S. account. **Do not close your old account until you receive your pension in your U.S. account.** For security reasons, banking information changes are **not** accepted over the telephone. We recommend that you provide OPB with an unsigned, VOID cheque from your account. Please tape (not staple) cheque to the form.

Bank/financial institution information

| | | |
|--|--|--|
| Account holder's full name - print | Relationship to OPB client | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Name of U.S. bank/institution | Bank/institution telephone | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Bank/institution address (include city, state, zip code) | | |
| <input style="width: 95%;" type="text"/> | | |
| Type of account | Bank/institution routing number | Bank account number |
| <input type="checkbox"/> Chequing <input type="checkbox"/> Savings | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <p>On behalf of the bank/financial institution, I certify this banking information to be correct.</p> | | |
| Bank/institution - representative signature | Bank/institution representative - name | Date signed (yyyy/mm/dd) |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

Authorization

I authorize my OPB pension to be paid in U.S. dollars and deposited directly into the U.S. financial institution named here. I understand that the U.S. exchange rate in effect on the processing date will be applied to these transfers. I further authorize the Bank of America to act for Ontario Pension Board in these transactions.

| | |
|--|--|
| OPB client signature | Date signed (yyyy/mm/dd) |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

The personal information on this form is collected under the authority of the *Public Service Pension Act* and will be used only to administer pension benefits. For more information, or if you have any questions about your pension, contact Client Services or the Privacy Officer at: **Telephone** 416-364-5035 or **toll-free** 1-800-668-6203 (Canada & USA)/ **Fax:** 416-364-7578 / **www.opb.ca**