



P.O. Box 2000
 Charlottetown PE C1A 7N8
 Tel: (902) 368-4200
 Fax: (902) 620-3096
 Email: peitpp@gov.pe.ca
 www.peitpp.ca

Office Use Only
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PENSIONER INFORMATION CHANGE FORM

Freedom of Information and Protection of Privacy Act Personal information on this form is collected under clause 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01 as it relates directly to and is necessary for the administration of the pension plan and will be used for that purpose. Under certain circumstances (e.g., valuing pension benefits) some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of personal information, you may contact the Manager of Pension & Benefits at 902-368-4200.

Section 1 – Pensioner Identifying & Contact Information (PLEASE PRINT CLEARLY)

LAST NAME		FIRST NAME & INITIAL(S)		DATE OF BIRTH (DD/MM/YYYY)	
LAST 3 DIGITS OF SOCIAL INSURANCE NUMBER		TELEPHONE		E-MAIL	

Section 2 – Change of Mailing or Resident Address (Effective date of change: _____)

_____ day _____ month _____ year

MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	COUNTRY (IF OUTSIDE OF CANADA)
RESIDENT ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
CITY	PROVINCE	POSTAL CODE	COUNTRY (IF OUTSIDE OF CANADA)

Income tax deducted from your pension will be based on your resident address, if different than your mailing address.

Section 3 – Change Banking Information (COMPLETE ONLY TO REPORT CHANGES)

I want my TPP pension payment to be directly deposited into my account at a financial institution. I have attached a void cheque or a direct deposit form from my financial institution.

Section 4 – Increase Tax Deductions by Withholding More Tax (COMPLETE ONLY TO REPORT CHANGES)

State the amount of additional tax you want to have deducted from each pension payment (*this amount will replace any existing additional tax request*):

I want to deduct \$ _____ of additional tax per month

Section 5 – Change of Name (PROOF OF NAME CHANGE MUST BE ATTACHED)

Change name to:

LAST NAME	FIRST NAME AND INITIAL(S)
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Section 6 - Authorization of Changes (THIS MUST BE COMPLETED FOR CHANGES TO BE MADE)

I authorize the changes noted above.

Signature:	Date:
<input type="checkbox"/> I am the pensioner. <input type="checkbox"/> I have power of attorney (POA) for this pensioner. (<i>If you haven't already done so, please supply the Pension and Benefits office with a certified copy of the power of attorney document.</i>)	
IF POA, PRINT FULL NAME:	TELEPHONE OF POA:

Instructions

What to Complete

- Section 1, in all cases. The Pension & Benefits office needs this information to locate and update your file.
- Section 2, if you would like to change your mailing and/or resident address. All communication from the Pensions & Benefits office will be sent to your mailing address. We ask that you provide your resident address if it differs from your mailing address. Please note that your pension is required to be taxed based on the province or country in which you reside.
- Section 3, if you would like to notify the Pension & Benefits office of a change in the way you want to receive your monthly pension payments – by direct deposit, or by direct deposit to a different account. The account must be in the name of the member. Your pension can be deposited in a chequing or savings account at any Canadian financial institution. Please keep your old account open until the first pension payment has been deposited into your new account. This will prevent a disruption in your pension payments.
- Section 4, if you would like have additional tax deducted from each of your pension payments, or if you would like to change an existing amount. Please note that the amount indicated on the form will replace any existing additional tax requests. For any other changes, you must submit a new TD1 form, which can be found on our website.
- Section 5, if you are changing your name, please attach a copy of your driver's license, or other government issued identification, supporting your name change.
- Section 6, in all cases. The Pension & Benefits office cannot process the changes reported on this form without the signed authorization of the pensioner or a person who has valid power of attorney to act on the pensioner's behalf.

How to Return Your Completed Form

You may submit your form by:

Mail: Pension & Benefits
P.O. Box 2000
Charlottetown PE C1A 7N8

Email: peitpp@gov.pe.ca

Fax: (902) 620-3096

We recommend that you make a copy of your completed form for your personal files.