

# TEACHERS' SUPERANNUATION FUND

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## *Direct Deposit Form*

### **PART A – APPLICANT INFORMATION:**

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME & INITIAL: \_\_\_\_\_

I hereby authorize and request the Teachers' Superannuation Fund to credit my net pension payroll to my bank account as outlined on my void cheque or void cheque form.

Signature \_\_\_\_\_ Date DD-MMM-YYYY

### **PART B – BANK INFORMATION:**

Please attach an unsigned cheque clearly marked “VOID” or have your bank provide a void cheque form indicating your institution, branch and account number.

Please Return this Form to:

Department of Finance, Energy and Municipal Affairs  
Pensions & Benefits  
P.O. Box 2000  
Charlottetown, PE C1A 7N8