

REQUEST FOR DIRECT DEPOSIT OF PENSION PAYMENTS TO A SAVINGS ACCOUNT

Staff Pension Plan

Human Resources Pension Administration Office #201 - 2389 Health Sciences Mall Vancouver, BC Canada V6T 1Z3

Tel 604 822 8100 Fax 604 822 9471

spp@hr.ubc.ca staff.pensions.ubc.ca

1: MEMBER INFORMAT	ION				
First Name		Last Name		Employee ID	
Street Address		<u> </u>			
City		Province	Postal Code	Telephone	
2: INSTITUTION INFORI	MATION				
Institution # (3 digits)	Transit # (5 digits)		Account Number		
Financial Institution Name					
Street Address					
City			Province	Postal Code	
3. BRANCH VERIFICAT	ION				
Name of Authorized Officer (please print)			Title of Authorized Officer		
Signature of Authorized Officer			Date (yyyy-mm-dd)		
Member Signature			Date (yyyy-mm-dd)		
4. STAMP VERIFICATION	ON				

NOTE: If you prefer deposits to be made to your chequing account, we only require a void cheque.