

European Direct Deposit Enrollment Form Completion Instructions

Introduction

A direct deposit form has been designed to support the capture of key information from pensioner's wishing to enroll on direct deposit in Europe. The following is a step by step procedure developed to guide the pensioner in the proper completion of the form.

Completion Instructions

The European enrollment form is divided into three sections. They are:

- Part A - Pensioner Identification Information;
- Part B - Pension Program Identification; and
- Part C - Identification of the Financial Institution.

Part A - Pensioner Identification Information:

Part A provides space for you to identify your name, address and telephone number. The following is a step by step procedure.

Steps 1 and 2

Enter your surname and given name and initial(s) in the boxes provided. One letter per box. Please use capital letters.

Step 3

Enter your address information including the name of the city and country.

Step 4

Confirm if the address is new by entering in yes or no.

Step 5

Enter your area code and telephone number in the event that we may need to contact you to seek clarification on the information provided.

You have now completed Part A - Pensioner Identification Information.

PART A - PARTIE A	
Please print clearly. Please keep the appropriate federal government department informed of any change to your mailing address.	Écrivez lisiblement. Veuillez informer le ministère fédéral approprié de tout changement d'adresse.
1 Surname - Nom	
2 Given name and initial(s) - Prénom et initiales	
3 Address - Adresse	
4 Is this a new address? <input type="checkbox"/> Yes / <input type="checkbox"/> No Nouvelle adresse? <input type="checkbox"/> Oui / <input type="checkbox"/> Non	
5 Telephone number - Numéro de téléphone	

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Part B - Pension Program Identification:

Part B provides a mechanism for you to specify the payment(s) you want deposited directly into your European account. To enroll, check the appropriate box and include one of the following in the space provided: account number (your social insurance number), contract number, file number, pension number, or personal record identifier.

The department responsible for your pension program will use this information to match your entitlement and to issue the requested electronic payment.

Step 1

Check off the box(es) for the payment(s) you wish to receive by direct deposit.

Step 2

Enter the number associated with each type of payment you wish to receive.

You have now completed Part B - Pension Program Identification.

PART B - PARTIE B	
1 Check off the box(es) for the payment(s) you wish to receive by direct deposit.	Cochez la(les) case(s) de(s) paiement(s) que vous désirez recevoir par dépôt direct.
2 Enter the number associated to each type of payment you wish to receive.	Inscrivez le numéro associé à chaque type de paiement que vous désirez recevoir.
Service Canada	
<input type="checkbox"/> Old Age Security (OAS) Sécurité de la vieillesse (SV)	<input type="checkbox"/> International Agreements - OAS Accords internationaux - SV
<input type="checkbox"/> Canada Pension Plan (CPP) Régime de pensions du Canada (RPC)	<input type="checkbox"/> International Agreements - CPP Accords internationaux - RPC
Account No. - N° de compte	
<div style="border-top: 1px solid black; width: 100%; height: 15px; position: relative;"> </div>	
Human Resources and Skills Development Canada Ressources humaines et Développement des compétences Canada	
<input type="checkbox"/> Canadian Government Annuities Rentes sur l'Etat	
Contract No. - N° du contrat	
<div style="border-top: 1px solid black; width: 100%; height: 15px; position: relative;"> </div>	
Veterans Affairs Canada - Anciens Combattants Canada	
<input type="checkbox"/> Veterans Affairs Pension or Award Pension ou indemnité d'invalidité des anciens combattants	
<input type="checkbox"/> War Veterans Allowance Allocation aux anciens combattants	
<input type="checkbox"/> Veterans Affairs Financial Benefits Les avantages financiers aux anciens combattants	
File No. - N° de dossier	
<div style="border-top: 1px solid black; width: 100%; height: 15px; position: relative;"> </div>	
Compensation - Prestations de retraite	
<input type="checkbox"/> Canadian Forces Pension Pension de retraite des Forces canadiennes	<input type="checkbox"/> Public Service Superannuation Pension de retraite de la fonction publique
<input type="checkbox"/> RCMP Pension Pension de retraite de la GRC	<input type="checkbox"/> Judges' Pension Pension des juges
Pension No. - N° de pension de retraite	
<div style="border-top: 1px solid black; width: 100%; height: 15px; position: relative;"> </div>	
<input type="checkbox"/> Members of Parliament Retiring Allowances Allocations de retraite des députés	
Personal Record Identifier Code d'identification du dossier personnel	
<div style="border-top: 1px solid black; width: 100%; height: 15px; position: relative;"> </div>	

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Part C - Identification of the Financial Institution:

Part C provides specific fields for you to capture your direct deposit account information. **As of January 1, 2007 the International Bank Account Number (IBAN) is mandatory for all direct deposits to the European Union.** The IBAN has a fixed format for each country and contains alphanumeric characters. Please contact your local financial institution for a better understanding of your IBAN.

Step 1

Enter the IBAN number provided by the financial institution which represents a complete identifier, that includes original bank code and account number, plus additional characters to identify the country and special check digits.

AND

Along with the IBAN number, please also include the BIC SWIFT number which is the code that identifies the specific electronic address of the financial institution.

Step 2

Enter the name(s) of the account holder(s).

Step 3

Enter your financial institution name and address.

Step 4

Please obtain the signature of the financial institution official.

Step 5

Enter your bank area code and telephone number, in the event that they need to be contacted for clarification on the information provided.

Step 6

The beneficiary must sign and date the bottom of the enrollment form. If the individual completing this form is a guardian or a relative acting on behalf of the beneficiary, this enrollment information will not be considered valid without the beneficiary's signature.

Note: For additional information, call between the hours of 8 a.m. and 8 p.m., Eastern time at:

Austria	0 800 295-132
Belgium	0 800 71-287
France	0 800 90 58 24
Germany	0 800 182 6481
Ireland	1 800 620-371
Italy	800 787-484

PART C - PARTIE C	
Must be completed by the financial institution or post office where you want your money deposited.	Doit être rempli par l'institution financière ou le bureau de poste où vous voulez votre paiement déposé.
1 International Bank Account Number and Bank Identifier Code Número de compte bancaire International et Identifiant de banque	
MANDATORY - OBLIGATOIRE IBAN No. - N° d'IBAN <div style="border-top: 1px solid black; height: 15px; width: 100%;"></div>	
BIC SWIFT No. - N° BIC SWIFT <div style="border-top: 1px solid black; height: 15px; width: 100%;"></div>	
2 Name(s) of account holder(s) Nom(s) du(des) titulaire(s) du compte	3 Financial institution name, address and postcode - Nom, adresse et code postal de l'institution financière
(Stamp may be used - Cachet de l'institution accepté)	
4 Signature of financial institution official Signature du représentant de l'institution financière	Date Y - A M D - J <div style="border-top: 1px solid black; height: 15px; width: 100%;"></div>
5 Telephone no. of financial institution - N° de téléphone de l'institution financière <div style="border-top: 1px solid black; height: 15px; width: 100%;"></div>	
I, as the person entitled to receive the above-mentioned payment(s) and in lieu of my receiving a Receiver General cheque for it, hereby authorize the Receiver General for Canada to convert Canadian dollars to euros and to deposit, until further notice, the payment(s) described above into my account noted herein by means of Direct Deposit. I hereby agree to accept the exchange rate applied to the payment(s). I also agree that neither the Canadian government nor its agents shall be liable to myself or any third party for any special, consequential or incidental damages arising from delay.	Je, soussigné(e), bénéficiaire du (des) paiement(s) susmentionné(s), autorise par la présente le receveur général du Canada, à convertir les dollars canadiens en euros et à déposer ledit (lesdits) paiement(s) directement dans mon compte, au lieu de me faire parvenir un chèque du receveur général pour le montant en question et ce, jusqu'à nouvel avis. J'accepte par la présente le taux de change s'appliquant à ce(s) paiement(s). J'accepte également que ni le gouvernement du Canada ni ses représentants ne soient tenus responsables, par moi-même, ou par toute autre tierce partie, des dommages spéciaux, consécutifs ou accessoires dus à un retard.
6 Signature <input checked="" type="checkbox"/>	Date <div style="border-top: 1px solid black; height: 15px; width: 100%;"></div>

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Netherlands	0 800 022-8073
Portugal	800 819-635
Spain	900-93-15-11

The information you provide is required and collected under the authority of the Government of Canada or its agent for the purpose of enrollment in a direct deposit service. The information provided is protected under the Canadian Privacy Act and may be accessed through your program department using the Personal Information Bank number PWGSC PPU 040.

The first direct deposit may take approximately three months after receipt of your completed enrollment form.