



DIRECT DEPOSIT OF VARIABLE BENEFITS / MONTHLY PENSION

Last name		First name		Social Insurance Number	
Address <small>(Street address or PO Box number)</small>		<small>(City/Town)</small>		<small>(Province) <small>(Postal Code)</small></small>	

I wish to have my Co-operative Superannuation Society monthly payments electronically deposited into the following account with:

Name of credit union or bank:			
Address <small>(Street address or PO Box number)</small>		<small>(City/Town) <small>(Province) <small>(Postal Code)</small></small></small>	
Institution Number:	Branch/Transit Number:	Account Number:	

(Signature of Credit Union / Bank Representative)

Signature of CSS Pensioner

Contact CSS Pension Plan if you have any questions regarding the completion of this form.

Privacy notice: Personal information on this form is collected under the authority of relevant privacy legislation for pension administration purposes. Please review the Privacy Policy as posted to the CSS Pension Plan's website. If you have questions regarding the collection of this information, write to:

CSS Pension Plan
ATTN: Privacy Officer
5th Floor - 333 3rd Avenue N
PO Box 1850
Saskatoon, SK S7K 3S2