

**Before completing this form, please read the following information:**

- If you register for direct deposit, you will be assured that your pension will be deposited directly in your bank account on the 15<sup>th</sup> of each month (or the work day before when the 15<sup>th</sup> is not a work day).
- Each year, in January, you will receive a statement showing the gross and net amounts of your monthly pension payments. You will also see the total amount of the deductions made on your pension.
- The first deposit will be made four to six weeks after we receive your form and your voided personalized cheque.

Please print.

### 1. Information on the person who is filing the application for the disability benefit

Write your Social Insurance Number or your identification number, which can be found on your Statement of Participation.

Social Insurance Number		Identification number	
		1 7	
Sex	Family name	Given name	
<input type="checkbox"/> F	Given name at birth, if different		Date of birth
<input type="checkbox"/> M			year      month      day
Address (number, street, apartment or Post Office Box)			
City	Province	Country	Postal code
Telephone		Language of correspondence	
Home	Other	<input type="checkbox"/> French	
Work	Extension	<input type="checkbox"/> English	

### 2. Payment by direct deposit

To sign up for direct deposit, please provide your banking information or a cheque marked "Void". You will receive payment of your benefits directly into your account at a financial institution in Canada.

The account given must be in the name of the pension plan member.

Name of the financial institution	Branch number (transit)	Institution number	Account number (folio)
Address of the financial institution			

### 3. Declaration

I want my pension to be deposited in the account identified on the enclosed "VOID" personalized cheque.

**By sending this form, I declare that the information provided is complete and accurate.**

**If you have completed this form on behalf of another person**, please provide the information requested below.

Have you already sent us a power of attorney or a protection mandate?  Yes  No

**If not**, please enclose that document with the application.

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name		
	Address (number, street, apartment or Post Office Box)			
City	Province	Country	Postal Code	
Telephone <small>area code</small>	Extension		Fax <small>area code</small>	

### Access to documents held by public bodies and the protection of personal information

The personal information collected in this form is necessary to study the application. Failure to provide the requested information in the mandatory sections may result in a delay or a refusal to process your application. Only our authorized personnel will have access to it when necessary to carry out their duties and it is only disclosed to other persons or agencies for verification in cases provided for by law. It can also be used for research, assessment, analysis or survey purposes. Pursuant to the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult your personal information and have it corrected.

### For more information

#### Online

[www.retraitequebec.gouv.qc.ca](http://www.retraitequebec.gouv.qc.ca)

#### By telephone

Québec area: 418 643-4881

Toll-free: 1 800 463-5533



**Send us this form and the required documents online at  
[www.retraitequebec.gouv.qc.ca](http://www.retraitequebec.gouv.qc.ca).**

**Your application will be processed faster and the postal delay will be eliminated.**

If you are unable to use the online service, please return the form and documents to:  
Retraite Québec, case postale 5500, succursale Terminus, Québec (Québec) G1K 0G9