

Retired/Survivor or Deferred Information Change

Public Service Pension Plan (PSPP)

For members who retired or terminated under the **Agricorp Plan before April 30, 2021**, and their survivors.

Please mail your completed form to OPB.

OPB client number

Client information

Client last name (please print)	Client first name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Update my contact information

Apt. number	Street address			
<input type="text"/>	<input type="text"/>			
City	Province	Postal code	Home telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			Cellphone number	
<input type="text"/>			<input type="text"/>	

If your new address is in another province or country, please indicate your Residency Status (province or country) for income tax purposes.

I am a resident of (province/state)	Country	Effective date (YYYYMMDD)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Change my banking information (for retirees and survivors only)

Do not close your old account until you receive your pension in the new account. For security purposes, banking information changes are not accepted over the telephone. Provide your information by one of the following methods:

- ☐ **Option A.** Attach a cheque from your bank account marked "VOID", a void cheque image from your online banking account, a banking information sheet, or other document from your bank showing the account information below, **OR**
- ☐ **Option B.** Have your bank or financial institution complete the section below

Account holder last name	Account holder first name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of bank/financial institution		Bank telephone
<input type="text"/>		<input type="text"/>
Bank/financial institution address		
<input type="text"/>		
Transit number	Bank number	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank/financial institution confirmation - This banking information is certified to be correct

Representative - signature	Name of representative	Date signed (YYYYMMDD)
<input type="text"/>	<input type="text"/>	<input type="text"/>



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3. Change my spousal status (for retired members only)

My spousal status has changed to:

☐ Single ☐ Common-law ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Please attach proof of the change (marriage or death certificate, separation agreement, or divorce documents).

Note: Changing marital status does not change your spouse's eligibility or ineligibility for a survivor pension.

4. Contact information for your next-of-kin and/or your Estate

Contact person last name	Contact person first name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
Apt. number	Street address	
<input type="text"/>	<input type="text"/>	
City	Province	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country (if outside Canada)	Relationship to you (please check)	
<input type="text"/>	<input type="checkbox"/> Next-of-kin <input type="checkbox"/> Estate trustee <input type="checkbox"/> Other	
<div>Please specify</div>		

Sign and date to authorize your changes

<div></div>	Date signed (YYYYMMDD)
<div></div>	<input type="text"/>
Client signature	

The personal information on this form is collected under the authority of the *Public Service Pension Act* and will be used only to administer pension benefits. For more information or if you have any questions, contact our Client Care Centre or our Privacy Officer at:

Telephone: 416-364-5035 or **toll-free** 1-800-668-6203 (Canada & USA) | **Fax:** 416-364-7578 | **OPB.ca**