

Instructions

To receive your pension payment via foreign wire transfer, you must complete **Part A** and then send this form to your financial institution. The financial institution must verify the information in **Part A** and then complete **Part B**. Return the completed form to us at the address listed at the bottom of this page.

Important

- Your financial institution and/or intermediary may charge a fee for their service.
- Wired payments may arrive later than the last business day of every month due to local conditions beyond our control.

Part A – must be completed by the payee

Ensure you include your Ontario Teachers' Account Number and/or date of birth to help avoid processing without delays.

Your banking information will be used only to pay your benefit.

Ask your local provider what exchange rates and other charges may apply before deciding on your payment option.

Ontario Teachers' Account Number _____

Date of birth

yy	yy	mm	dd
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Name *last* _____

first _____

middle _____

Local address _____

Telephone number _____

Type of account Chequing Savings

Bank account number _____

Payee Certification:

Please convert my monthly pension into the currency noted below, based on the exchange rate in effect on the payment date, and deposit the payment into the account I have listed on this form:

Canadian dollar US dollar Other (please specify): _____

Signature _____

Date

yy	yy	mm	dd
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Part B – must be completed by the financial institution

Please attach any supporting documentation and sign the next page.

Name of financial institution _____

Address _____

Telephone number _____

IBAN (International Bank Account Number) _____

Swift/BIC Code _____

Part B – must be completed by the financial institution, cont'd.

Name of intermediary bank (if applicable)

Address

Telephone number

IBAN (International Bank Account Number)

Swift/BIC Code

Financial Institution Certification:

I confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Representative's name

Signature required ⇨

Signature

Date

yyyy mm dd