



Information Change Form: Pension (For Retired Members)

This form is to be completed by retired members only if there is a change in the information below.

Pension Plan Member Information

Name: _____
Last name First name Middle initial

SIN: _____ HEB ID: _____
For identification purposes

Check the applicable box and complete the section to indicate your change in Pension information

Mailing Address and/or Contact Information Change

New Mailing Address and Contact Information:

Mailing Address: _____
Town/City Province Postal code

Phone Number: _____ Email: _____

Effective Date of Change: _____ | _____ | _____
DD MMM YYYY

If you have an address outside of Canada, are you a:
 Non-resident of Canada Resident of Canada

Former Address and Contact Information:

Address: _____
Town/City Province Postal code

Phone Number: _____ Email: _____

Income Tax Deduction Change

The Canada Revenue Agency (CRA) requires that Income Tax be deducted from your Pension benefits. The amount of Income Tax deducted from your monthly Pension must be **equal to or greater than** the amount required by CRA. Amounts greater than the amount required by CRA are referred to as Additional Income Tax.

- Deduct Additional Income Tax from my Pension benefit in the amount of \$ _____ per month.
- Change the amount of Additional Income Tax currently deducted from my Pension benefit to \$ _____ per month.
- Deduct a lump sum amount of \$ _____ per month for Income Tax.
- Deduct _____ % of my monthly Pension benefit per month for Income Tax.

Banking Information Change

For direct deposit into a chequing account, please attach a **VOID CHEQUE**. For direct deposit into a savings account, please attach a **STATEMENT** from your financial institution confirming the account number and the bank branch and transit numbers.

Authorization for Direct Deposit (in Canada)

I authorize HEB Manitoba to deposit all future Pension payments on the due date using the information hereby provided.

Member Authorization

 Signature is required to authorize all changes.

Member Signature: _____ Date Signed: _____ | _____ | _____
DD MMM YYYY

Form Return

Please return signed form and applicable supporting documents to:

HEB Manitoba
 900-200 Graham Avenue
 Winnipeg, MB R3C 4L5

Phone: (204) 942-6591
 Toll-free: 1-888-842-4233

HEB Manitoba Use Only

_____ keyed

_____ verified