CLEAR FORM

HEB Manitoba
HEALTHCARE EMPLOYEE BENEFIT PLANS

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: _____
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.*

- ☐ Please deduct Additional Income Tax from my Pension benefit in the amount of $ _____ per month.
- ☐ Please change the amount of Additional Income Tax currently deducted from my Pension benefit to $_____ per month.
- ☐ Please deduct a lump sum amount of $ _____ per month for Income Tax.
- ☐ Please 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 Signature: _____ Date Signed: _____ | _____ | _____
DD | MMM | YYYY

Please return this 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