



## The Accountant General's Department

21 Dominica Drive  
P.O. Box 495 GPO  
Kingston 5.  
Telephone: 876-922-8320-7

### BANKING INFORMATION FORM FOR RETIREMENT BENEFITS

The following instructions should be adhered to for the appropriate completion of this form:

1. All sections of the form must be completed.
2. The form must be submitted within six months of completion.
3. The form must be certified by a Justice of the Peace or Notary Public.
4. The form must be submitted along with any one of the below bank account verification documents. The verification must be signed and stamped by the bank.
  - letter from the bank
  - screen shot of bank account information
  - bank statement
  - copy of the front page of bank passbook (NCB)
  - copy of blank cheque if account holder's name is displayed
  - original blank cheque leaf (this document does not need to be signed by the bank)

### Banking Information

The completion of this form is considered as an instruction to the Accountant General's Department to lodge all payments using the bank account information provided below OR to change account information.

Pensioner/Client Information		
Name of Pensioner/Client:		
Address:		
Telephone Number(s):		
Email Address:		
Tax Registration Number (TRN):		
Place of Retirement ( <i>for pensioners</i> )		
Pensioner/Client Banking Information		
Name of Bank:	<i>Previous Information</i>	<i>Current Information</i>
Branch (where account was opened):		
Bank Account Type (e.g. Savings, Chequing, etc.):		
Bank Account Number:		
Bank Transit Number: ( <i>BNS customers only</i> )		

I \_\_\_\_\_ do hereby authorize the Accountant General's  
*Name of Pensioner/Client*  
Department to make lodgments to the aforementioned account.

**TERMS, CONDITIONS AND DISCLAIMERS**

1. The Pensioner/Client acknowledges that the account indicated overleaf is the account that will be used for all transactions between him/her and the Accountant General's Department.
2. This authorization and the information provided by the Pensioner/Client shall remain in full force and effect until the Accountant General's Department has received written notification from the Pensioner/Client of its termination in such a time and manner so as to afford the Accountant General's Department a reasonable time to act upon it. A period of not less than 15 working days before the scheduled date of payment shall be considered a reasonable time.
3. The Accountant General's Department is not responsible for any loss, inconvenience or damage arising directly or indirectly from any action taken (or not taken) based on the information provided on this form. You agree that you are fully responsible for ensuring that the information is correct and complete.

Name of Pensioner/Client: \_\_\_\_\_

Signature of Pensioner/Client: \_\_\_\_\_

Date: \_\_\_\_\_



Witnessed in the presence of: \_\_\_\_\_  
Justice of the Peace/Notary Public

Place Stamp/Seal here



**FOR OFFICIAL USE ONLY:**

Received on behalf of The Accountant General's Department:

File Reference #: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_  
*Day/ Month/Year*