

## SOCIAL SECURITY BOARD PENSION DEPOSIT AUTHORITY

## **IMPORTANT:**

Pensioners are to note that any agreement with Third Parties to assign their pension shall be null and void. It is the responsibility of Pensioners to obtain and lodge at Social Security a Pensioner's Declaration appropriate to their pension type every six months (June and December) to ensure that their pensions do not cease. Kindly attach photocopy of passbook page for financial institutions to support verification of account numbers.

## **PENSIONER DETAILS:**

NAME OF CLAIMANT :					
CLAIMANT'S SS#:					
NAME OF DIP: (DB / SVB)					
DIP's SS NUMBER:					
TYPE OF PENSION:					
MAILING ADDRESS:					
CONTACT NUMBER:					

## **PAYEE DETAILS:**

NAME OF FINANCIAL INSTITUTION:	
BRANCH (where account first opened):	
ACCOUNT NUMBER:	
NAME OF ACCOUNT HOLDER:	

DATE:	
SIGNATURE OF CLAIMANT:	
WITNESS NAME (Block Letters):	
SIGNATURE OF WITNESS:	
BRANCH ACCEPTING AUTHORITY:	
NAME AND SIGNATURE OF OFFICER:	