



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 to ensure that their pensions do not stop.

PENSIONER DETAILS:

NAME OF CLAIMANT :	
NAME OF DIP: (DB / SVB)	
TYPE OF PENSION:	
SSN:	
MAILING ADDRESS:	
TELEPHONE NUMBER:	
EMERGENCY CONTACT:	
TELEPHONE 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 / SIGNATURE OF OFFICER: _____