



NATIONAL INSURANCE SCHEME

Request to Deposit Pension INTO BANK/ OTHER FINANCIAL INSTITUTION

Surname

First Name

NIS #

Phone#

Address

Name of Bank

Account Number

Transit Number

Branch

Name on Account

Account Type:

E-mail Address: _____

Signature

For official use only
Received by: _____
Date: _____
Claim No.: _____
Claim type: _____