



PAYMENT TRANSMITTAL FORM

Privacy Notice

Provision of the personal information is required pursuant to the *Department of Public Works and Government Services Act*, para. 7(1)(d) and s.13 and will be used for the purpose of administrating the *Canadian Forces Superannuation Act* (CFSA). Refusal to provide the personal information or the provision of incorrect information may result in loss of benefits and/or delays in processing incorrect pension estimates, benefits, or statements. Personal information is protected, and only used and disclosed in accordance with the *Privacy Act* and as described in Personal Information Bank PWGSC PCU 702 – Federal Pension Administration. Under the Act, individuals have a right of access to their personal information and request correction, if erroneous or incomplete.

This form must be completed electronically. If not possible, please complete it in dark ink using capital letters.

Plan Member's Personal Information

Rank	Surname	
<input type="text"/>	<input type="text"/>	
Given Names	Pension Number	
<input type="text"/>	<input type="text"/>	
Date of Birth (YYYYMMDD)	Preferred Language	Service Number
<input type="text"/>	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="text"/>
Home Address	Apartment Number	
<input type="text"/>		
<input type="text"/>		
Preferred Telephone Number		
<input type="text"/>		<input type="text"/>
City	Province	
<input type="text"/>	<input type="text"/>	
Postal Code	Country	
<input type="text"/>	<input type="text"/>	
Email address (optional)		
<input type="text"/>		

FOR OFFICE USE ONLY	Form Number	Case Number
	<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY		
Form Number	Service Number	Pension Number

Carefully read instructions before completing

This form is used by the plan member for the purpose of remitting payments in respect of a period of leave without pay and/or a service buyback. This form provides information necessary for accounting purposes.

Send the completed form to the following address together with your payment:

Government of Canada Pension Centre - Mail Facility
150 Dion Boulevard
PO Box 9500
Matane QC G4W 0H3

Cash payments such as personal cheques and money orders must be made payable to the Receiver General for Canada.

If sending a payment in respect of more than one service buyback, indicate the total of the monthly deduction amount for all service buybacks.

If your payment is made through a direct transfer of funds from a Registered Retirement Savings Plan (RRSP), complete and attach the Canada Revenue Agency form T2033 to this form (in lieu of a cheque or money order).

Part 1 Members: In Part C of the form T2033 indicate "0355495" for the CRA registration number and "Canadian Forces Pension Fund" for the RPP name.

Part I.1 Members: In Part C of the form T2033 indicate "1172220" for the CRA registration number and "Canadian Force Reserve Pension Fund" for the RPP name.

Payment information for Service Buyback Payments

- Pre-authorized debit arrears
- Lump Sum, partial amount
- Lump Sum, full amount

Monthly Deduction Amount ▶ \$ _____	Amount of Payment ▶ \$ _____
This payment covers the following period: ▶ From _____ To _____	

Payment information for Leave Without Pay

Pension Contributions

Amount of Payment \$ _____

This payment covers the following period: ▶ From _____ To _____
