

**MANITOBA MUNICIPAL EMPLOYEES BENEFIT PROGRAM**  
**INFORMATION CHANGE FORM PENSION - (Retired Member/Survivor)**

This form is to be completed by retired members or survivors only if there is a change in the information below

**Retired Member/Survivor Information**

Full Name: \_\_\_\_\_  
*Last* *First* *Middle Initial*

MEBP ID# \_\_\_\_\_ or Social Insurance Number \_\_\_\_\_

**Change of Mailing Address and/or Contact Information**

**New Mailing Address and Contact Information**

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City/Town* *Province* *Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Effective Date: \_\_\_\_\_ If you have an address outside of Canada, for income tax purposes are you a NON- Resident of Canada? YES  NO

**Former Mailing Address and Contact Information**

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City/Town* *Province* *Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Change of Banking Information**

Attach a **VOID CHEQUE** or if you DO NOT have a blank cheque, please have your financial institution complete the following.

Name of Financial Institution:		
Transit Number (5 digits):	Institution Number (3 digits)	Account Number

\_\_\_\_\_  
Name of Financial Institution's Authorized Person (please print) Signature of Financial Institution's Authorized Person

**Change or Add Additional Tax Deduction**

The Canada Revenue Agency (CRA) requires that Income Tax be deducted from your Pension benefits. The amount of Income Tax deduction from your monthly Pension must be equal to or greater than the amount required by CRA. Amounts greater than the amount required by CRA are referred to as **Additional Income Tax**.

- Deduct **Additional Income Tax** from my Pension benefit in the amount of \$ \_\_\_\_\_ per month.
- Change** the amount **Additional Income Tax** currently being withheld from my Pension benefit to \$ \_\_\_\_\_ per month.

*\* Please Note: The amount of tax **required** to be deducted from your monthly pension benefit cannot be altered. This required amount may change each January 1<sup>st</sup> based on the current year's tax deduction tables or if new TD1 forms are submitted to our office. If it is your desire to have a specific **total** (required plus additional) amount of tax withheld each month please contact our office and we will inform you of the required amount being withheld. It is your responsibility to adjust the **additional tax** amount accordingly by completing this form to arrive at, or remain at, the desired **total** monthly deduction amount.*

**Authorization Signature**

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

- Check the box that applies:  I am the retired member/survivor  I hold power of attorney for the retired member/survivor. (MEBP must have proof of power of attorney on file)