

GUIDELINES FOR COMPLETING THE FORM

IMPORTANT INFORMATION

If you have a Single Plan in the Payroll Savings Program, you can also change your address, enroll in Direct Deposit or change your existing banking information online by logging on to CSB Online Services at: mybonds.gc.ca

The form must be completed in full in order to be processed. This includes the signatures of all bond owners and the registration account / plan number(s) that require the change.

**For your protection, incomplete forms or forms with incorrect information will be rejected.*

Only the account information you provide will be updated.

If there has been a legal name change, the Legal Name Change Form LNC must be completed and submitted with this form **by mail**.

For regular-interest bond owners, please be aware that in order to receive your annual interest payment in time, we must receive your new address or direct deposit information at least two months prior to the interest payment date.

WHO CAN COMPLETE THIS FORM?

The bond owner(s) can complete this form.

The legal guardian(s)/parent(s) acting on behalf of the minor bond owner can complete this form.

A legal representative acting on behalf of the bond owner providing the following legal documentation (**see note**):

Power of Attorney

Last Will and Testament, the Death Certificate or Letters Probate /Administration.

Note: All documents must be certified by one of the following:

- a Canadian Financial Institution
- a Commissioner for Oaths
- a Notary Public properly identified with stamp/seal and signature present.

*Requests containing legal documents must be mailed **not** faxed.

INSTRUCTIONS SPECIFIC TO FILLING OUT SECTIONS A,C AND E OF THE FORM

SECTION A - Account Numbers

Examples of a Payroll Savings Plan Number:

-10 digit number that begins with a "2" ex: **2123456789**.

-can be found on a copy of your statement, your T5 Slip or **online at CSB Online Services: mybonds.gc.ca**

Examples of an account or serial number for Canada Savings Bond/Premium Bond are:

Account Number:

-10 digit number ex: **1234567890**.

-can be found on a copy of your statement or your T5 slip.

Serial Number:

-located in the top center of the bond

ex: CS123F1234567M or CP15F7654321L

Examples of a Canada RSP/RIF Plan Number:

-can be up to 11 digits long ex: **01234567890**.

-**The Canada RSP** number can be found on your semi-annual statement.

-**The Canada RIF** number can be found on your quarterly statement.

SECTION C - CURRENT or NEW address

-for Non Residents

If you have a non-Canadian address, please contact the Canada Revenue Agency in order to determine your individual residency status.

SECTION E - Direct Deposit Change/Set up and/or Redemption

If you are not providing a personalized VOID cheque for your direct deposit details, all 5 fields in Section E of the form must be filled out. When the financial institution places their branch stamp, they are validating that the details entered in these fields are true and accurate.

If you are attaching a personalized VOID cheque, it must have the following characteristics:

Example: PERSONALIZED VOID CHEQUE

The new banking information must be in the names of all the bond owners.

All bond owners' names must be pre-imprinted by the financial institution on the top left hand corner of the cheque.

For the Canada Payroll Savings Program, this account information will replace any previous payment instructions on the plan(s) provided on the form.

The diagram shows a sample of a personalized void cheque. At the top left, it displays 'FIRSTNAME LASTNAME' followed by '123 STREETNAME', 'CITY, PROVINCE, A1B 2C3', and 'TEL: (123) 456-7890'. To the right is a 'DATE' field with boxes for 'D', 'M', 'Y', 'Y'. Below this is the 'PAY TO THE ORDER OF' field with a '\$' symbol and a '100 DOLLARS' field. The bank name 'YOURBANK' and address '123 STREETNAME WEST, CITY, PROVINCE, A1B 2C3' are printed. A 'SIGNATURE' line is at the bottom. At the very bottom, the MICR line '⑈ 00 123456789 23456789 ⑈' is shown. Three arrows point from the labels 'BRANCH NUMBER', 'FINANCIAL INSTITUTION NUMBER', and 'ACCOUNT NUMBER' to the corresponding parts of the MICR line: '123456789', '23456789', and '23456789' respectively.

SELECT TYPE OF REQUEST

<input type="checkbox"/> Change of Address.	COMPLETE A, B, C, D & F
<input type="checkbox"/> Direct Deposit change or set up.	A, B, C, E & F

Note: If space is insufficient, please attach a separate page that includes the fields requested and initial all attached pages.

SECTION A - Select all account numbers that require updating

Refer to page 2 of the guidelines.

Payroll Savings Plan Number

Date of Birth: dd/mmm/yyyy ___ / ___ / ___ Last Contribution Amount \$

Canada Savings Bond or Canada Premium Bond Account Number

or - the Bond Serial Number(s)

The Canada RSP/RIF Plan Number

Date of Birth: dd/mmm/yyyy ___ / ___ / ___

and - If the RSP was purchased through the Payroll Savings Program, also provide the: Last Contribution Amount \$

SECTION B - Enter name(s) of ALL registered owner(s)

Surname
Given Name Initial(s)

Co-owner (if applicable):

Surname
Given Name Initial(s)

SECTION C - Enter CURRENT/NEW address

Care of (if applicable)
Address (include Apt. No., R.R. or P.O. Box)
City Province Postal Code
Telephone (primary) - - Telephone (other) - -

Country *If your NEW address is outside of Canada, please select one of the following options:*
 I am a Canadian resident for tax purposes.
 I am not a Canadian resident for tax purposes since (dd/mmm/yyyy): ___ / ___ / ___

SECTION D - Enter OLD address (for a change in address only)

Note: If you are unsure of the old address we have on file, please provide all your previous addresses on a separate sheet. Please initial all attached sheets.

Care of (if applicable)
Address (include Apt. No., R.R. or P.O. Box)
City Province Postal Code
Country Telephone (primary) - - Telephone (other) - -

NOTE: PLEASE REMEMBER TO COMPLETE SECTION F - THE SIGNATURE OF ALL REGISTERED OWNERS.

SECTION E - Direct Deposit Change/Set up and/or Redemption

Attach a "PERSONALIZED VOID CHEQUE" to this form.

Note: The Bank Account (cheque) must be in the names of ALL bond owner(s).

If you do not have a personalized void cheque, fields 1-5 below, MUST all be filled out.

The financial institution MUST affix their branch stamp in field 5 once they have completed the verification of fields 1-4.

1	Name(s) of account holder(s)	
2	3	4
Branch Number	Institution Number	Account Number
5 Branch stamp here		

Note For Payroll Savings Plan Owners: When co-owners sign this form, they both authorize the Bank of Canada to make redemptions at the request of either co-owner, to process the redemption of the above plan and deposit the proceeds in the account specified above or on the attached voided cheque provided. The authorizations will remain in effect until the Bank of Canada receives written notice signed by either or both co-owners terminating these authorizations.

An immediate redemption request is optional and only allowed on this form for first time direct deposit set up or any changes to banking information.

Amount \$ _____

redeem this amount from the Payroll Savings Plan noted in Section A.
 redeem this amount from the Canada RSP/RIF Plan noted in Section A.

Note: RSP/RIF redemptions are subject to withholding tax

SECTION F - Provide signature(s) of ALL registered owners

*Notes: -An authorized representative may sign on behalf of the bond owner, if proper legal documents are provided by mail.
-If space is insufficient (more than two bond owners), the other co-owners must sign below also.*

I am the registered owner of the bond(s)/plan(s).

I am the legal guardian/parent of the minor bond owner.

I am a legal representative acting on behalf of the bond owner.

_____/_____/_____
Signature Date: dd/mmm/yyyy

I am the registered owner of the bond(s)/plan(s).

I am the legal guardian/parent of the minor bond owner.

I am a legal representative acting on behalf of the bond owner.

_____/_____/_____
Signature Date: dd/mmm/yyyy

Once fully completed, the form can be sent by:

<input type="checkbox"/> FAX to:	for Bonds purchased through the Payroll Savings Program for Certificated Bonds and The Canada RSP/RIF	613 782-7750 613 782-8096
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Note: If legal documentation is required the request must be mailed not faxed.

Caution: Please protect your personal information by verifying that the correct fax number has been dialed prior to transmitting your fax.

<input type="checkbox"/> MAIL to:	P.O. Box 2770, Station D • Ottawa, Ontario K1P 1J7 P.O. Box 2390, Station D • Ottawa, Ontario K1P 1K8	-for Certificate Bonds and for Bonds purchased through the Payroll Savings Program -for The Canada RSP/RIF
<input type="checkbox"/> COURIER delivery:	2500 Solandt Rd • Suite 100 • Kanata, Ontario K2K 3G5	

If you require further information, please contact Customer Service, Monday to Friday, 8 a.m. to 8 p.m. (ET) at:

<input type="checkbox"/> for Bonds purchased through the Payroll Savings Program	1 877 899-3599
<input type="checkbox"/> for Certificate Bonds or The Canada RSP/RIF	1 800 575-5151
<input type="checkbox"/> by TTY(teletypewriter)	1 800 354-2222

Please visit us online at: csb.gc.ca

The personal information provided on this form is protected under the provisions of the PRIVACY ACT and will be used solely for the purpose for which it was collected.