

Social Security Administration

To: THE MANAGER
Institution # _____ Branch Transit # _____

U.S. Social Security Administration
Office of International Operations
P.O. Box 1756
Baltimore, MD 21235-1756 U.S.A.

Re: **NOTICE OF RECLAMATION -
Canada Pmt Made in CAD**

BENEFICIARY INFORMATION		PAYMENT INFORMATION		
Beneficiary's Name	Payment Date	Amount Original (US\$)	Amount paid in CA\$	Trace Number, Original Payment
U.S. Social Security Number & BIC				
Depositor's Account Number With You				
Company Entry Description SOC SEC				
Date of Death – MM/DD/YY:				
Institution # Branch Transit #				

This is to notify you of the death of a United States Social Security beneficiary whose benefits were paid to your institution via electronic funds transfer. Payments made after the month of death are not due the deceased. Please return the payment(s) described below as a **return item, via remittance with the reference information to the address listed below:**

Payment must be payable to The Bank of Nova Scotia and must be in the form of bank draft drawn on the remitting bank, money order, or certified cheque. Payment made through other instruments will be returned. In order to ensure that funds are applied to the correct deceased beneficiary's account, it is essential that you quote the US Social Security Number (SSN) and send settlement to:

Bank: The Bank of Nova Scotia, 95042
Shared Services, Non Branch Centralized Accounting Unit
888 Birchmount – 4th Floor
Scarborough, Ontario, M1K5L1

Bank Number: 0002 **Transit Number:** 95042

For Credit To: BNS Cdn Gateway reclaims account – CA\$

Account #: 950420001112

If funds are no longer available in the depositor's account, we would appreciate any attempt you can make to contact the executor of the estate, or the next of kin, for a refund. For our records, please complete the attached information sheet and return to the address above. Should you have any questions regarding the return of payment or if you are unable to comply with this request, please call the undersigned. Thank you.

Regards,

<u>Signature of SSA Official</u>	<u>Print Name</u>	<u>Date</u>
<u>Telephone Number</u>	<u>Fax Number</u>	

PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. **Only comments relating to our time estimate should be provided, not the completed form.***

PRIVACY ACT STATEMENT

Section 204 of the Social Security Act, as amended, authorizes us to collect the requested information on this form. The information will be used to assist Social Security Administration (SSA) in reclaiming erroneously issued payments.

We rarely use the information provided on this form for any purpose other than for the reasons stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1) To a congressional office in response to an inquiry made to that office at the request of the subject of a record;
- 2) To third party contacts such as private collection agencies and credit reporting agencies under contract with SSA and other agencies, including the Veteran's Administration, the Armed Forces, the Department of the Treasury, and State motor vehicle agencies, for the purpose of their assisting SSA in recovering program debt;
- 3) To contractors and other Federal agencies as necessary, to assist SSA in the efficient administration of its programs; and,
- 4) To facilitate statistical research, audit or investigate activities necessary to assure that integrity of Social Security programs.

A complete list of routine uses for this information is available in the System of Records Notice 60-0094. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.