

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 – 4<sup>th</sup> 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>	