

To: THE MANAGER

Institution # \_\_\_\_\_  
 Branch Transit # \_\_\_\_\_  
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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 to 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,

Signature of SSA Official	Print Name	Date
Telephone Number	Fax Number	

## **PRIVACY ACT STATEMENT**

### **Collection and Use of Personal Information**

Section 204 of the Social Security Act (42 U.S.C. § 404), as amended, authorizes us to collect this information. We will use the information to assist us in correcting or adjusting payments.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate decision on payments.

We rarely use the information you supply for any purpose other than the reason 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 enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Recovery of Overpayments, Accounting and Reporting /Debt Management System, 60-0094; Master Files of Social Security Number (SSN) Holders and SSN Applications System, 60-0058; and, Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.