

To: THE MANAGER

Institution #	Branch Transit #
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U.S. Social Security Administration  
 Office of Earnings and International Operations  
 P.O. Box 17769  
 Baltimore, MD 21235-7769

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, as amended, and 31 CFR 210 of the Code of Federal Regulations authorize us to collect this information. We will use the information to correct or adjust payments.

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

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our System of Records Notices, 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, 60-0090, entitled Master Beneficiary Record, 60-0094, entitled Recovery of Overpayments, Accounting and Reporting/Debt Management System, and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Additional information about these and other system of records notices and our programs are available from our Internet website at \_\_\_\_\_ or at your local Social Security office.

We may share the information you provide to other agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We can use the information from these matching programs 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.

**Paperwork Reduction Act Statement** - This information collection 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. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

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