

1. Participant Identification (Required Fields)

Plan Name _____ Paygroup # _____ Social Security Number _____ Beneficiary

Payee Name: _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

2. Direct Deposit Instructions (Required Fields)

ADD-deposit my pension plan distribution in the account below
 CHANGE-my existing direct deposit instructions
 CANCEL-existing direct deposit and issue monthly disbursements to the above home address

Bank Name: _____ Name on Account: _____

ABA Routing # _____ Account # _____

Checking Account ***IF CHECKING-CANCELLED CHECK REQUIRED
 Savings Account

3. Notary Public or Plan Sponsor Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____ State of _____

Notary Signature _____ Commission Expires ____ / ____ / ____

OR

Plan Representative's Name _____ Title _____

Plan Representative's Signature _____ Date ____ / ____ / ____

4. Participant Signature

I acknowledge that the above information is true and accurate.

Retiree Signature _____ Date ____ / ____ / ____

Retiree: Please retain a copy for your records and return to your Plan Sponsor.