

PO Box 268 Jefferson City, MO 65102-0268 (573) 634-5290 or Toll Free: (800) 392-6848

Fax: (573) 634-7934

Email: psrspeers@psrspeers.org Website: www.psrs-peers.org

DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER OF LUMP-SUM PAYMENT

Instructions: Use this form to authorize direct deposit of your Public Education Employee Retirement System of Missouri (PEERS) lump-sum payment to a financial institution.

- Attach a voided check for a checking account or a voided deposit slip for a savings account. If the account is a revocable trust account,
 please attach a copy of the first and last pages of the trust document.
- Return the completed form to PEERS at the address above.

SECTION A BENEFIT RECIPIENT INFORMATION								
First Name	Middle Name		Last Name				Date of Birth	
Manufaci ID (and Last Face Distant Vace)	Ci -1 Ci4 N	1	Account ID		T-11			
Member ID (or Last Four Digits of Your Social Security Number)		Account ID		Telephone (
Mailing Address		City		,	State		ZIP	
Email Address								
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SECTION B BANK/FINANCIAL ACCOUNT INFORMATION All Name(s) Listed on Account								
All Name(s) Listed on Account								
Type of Account (select one)								
Checking Account (attach voided ch	neck) Rou	iting Num	ber on Account	(See page 2)	Account Number			
Savings Account (attach voided dep	oosit slip) Rou	iting Num	ber on Account	(See page 2)	Account Number			
Is the account above a revocable trust account? Yes No If yes, attach copies of					e first and last pages of the trust document.			
SECTION C BANK/FINANCIAL INSTITUTION INFORMATION								
Name of Bank/Financial Institution					Telephone			
					()			
Mailing Address			City			State		ZIP
SECTION D BENEFIT RECIPIENT CERTIFICATION AND AUTHORIZATION								
I hereby appoint the bank/financial institution designated above as my agent to receive and collect the amount payable to me from PEERS for the purpose of making								
an electronic funds transfer to my account in that institution. This authorization is not an assignment of my rights to receive such payment and I certify that my name,								
or the name of my revocable trust is on the account listed, and I have direct access to the funds held in my account in the financial institution. This authorization is to remain in full force and effect until PEERS has received notification from me of its termination or revocation in such time and in such manner as to afford PEERS and								
the financial institution a reasonable opportunity to act on it. I understand that my authorization cannot be revoked by contacting the financial institution. I also permit								
the release by the bank or financial institution of my current address, names and current addresses of all persons listed on the account, and names and current								
addresses of all beneficiaries on the account, including, but not limited to those listed as "payable on death" or "transfer on death" to PEERS.								
Digital Signatures Not Accepted – Original (Written) Signature Required						Date		
X								

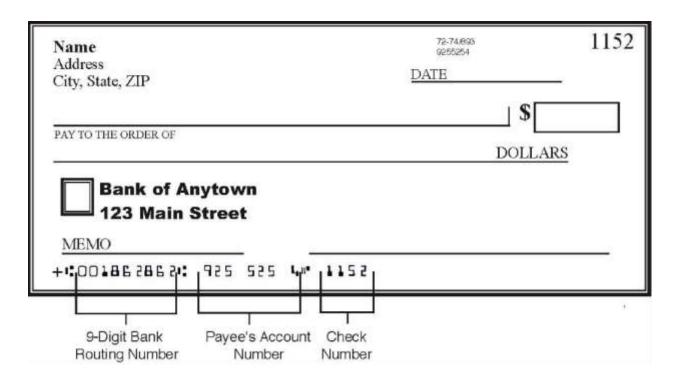
DIRECT DEPOSIT AUTHORIZATION

HOW TO FIND YOUR BANK ROUTING NUMBER AND ACCOUNT NUMBER

Your request cannot be processed without confirmation of the routing number of your bank/financial institution and your account number, which are printed on your check.

The sample check below shows where to locate the required bank information to complete your *Direct Deposit Authorization* form.

Sample Check



NOTE: Check styles may vary in the placement of routing and account numbers. Please check with your bank if you need clarification.