



**DIRECT DEPOSIT AGREEMENT**  
**PUBLIC EMPLOYEES RETIREMENT ASSOCIATION**

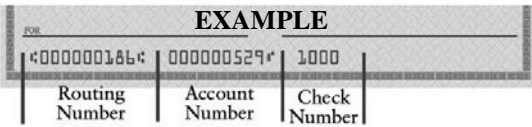
60 Empire Drive, Suite 200 St. Paul, Minnesota 55103-2088  
Telephone Number: 651-296-7460 or Toll Free 1-800-652-9026 Fax Number: 651-297-2547

**Instructions to Member:** Please provide the following information necessary to process your direct deposit agreement. If you are changing your direct deposit information, PERA cannot guarantee your next monthly payment will go to the new account. We need to allow time to verify the bank routing and account numbers you provide below.

If you are currently receiving a payment and you provide direct deposit information after the seventh of the month, you may receive your next monthly payment in check form. Therefore, we ask that you provide your current address below. The signed form is to be returned to PERA by mail or fax (original is not required). Please allow at least 30 days after the agreement is received in our office for your benefit payment to be electronically transferred. If you wish to cancel your direct deposit, you must send signed notification to PERA.

**Facts About Data Requested:** Information sought on this form is needed for identification of your account and to issue payments to your financial institution (bank, credit union, etc.) electronically. Your depositor account number, the last four digits of your Social Security number, address, and joint account holder's address and Social Security number are private data and are available to you, the PERA staff who process this application, and other entities authorized access by law. All other data is public.

<b>Personal Information</b>		
Last Four Digits of Your Social Security Number	Name—Last, First, Middle Initial (Please Print)	PERA ID Number
Mailing Address—Street, Route, PO Box, etc.		Birth Date—Mo., Day, Yr
City, State, and Zip Code	<input type="checkbox"/> Check (✓) Box if Change of Address	Day Time Phone Number
Indicate the PERA plan providing this benefit payment (Check (✓) only one): <input type="checkbox"/> Statewide Volunteer Firefighter Plan <input type="checkbox"/> Coordinated/Basic Plan <input type="checkbox"/> Correctional Plan <input type="checkbox"/> Police & Fire Plan <input type="checkbox"/> Minneapolis Employees Retirement Fund		

<b>Financial Institution Information—You may attach a voided check to verify information below. If you have questions concerning the information below, contact your financial institution.</b>																				
To authorize direct deposit of your monthly payments, complete the information below and submit:																				
Financial Institution: _____																				
Financial Institution Telephone Number: _____	<b>Account Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings																			
<b>Routing Number:</b>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			
<b>Account Number:</b>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			
Is this a joint account?    ___ No    ___ Yes. If yes, please complete the following:																				
Joint account holder name, address, and Social Security Number:																				

<b>Authorization</b>	
This form may be completed and signed by a legal representative of the payment recipient (under a Power of Attorney agreement or court-ordered Conservatorship, for example). Legal representatives should include a copy of any agreement or court order granting the legal representative the authority to act on behalf of the payment recipient with this form.	
I hereby authorize the Public Employees Retirement Association to electronically transfer to my individual or joint account in a financial institution with the National Automated Clearinghouse Association or a successor. This agreement remains in effect until cancelled by me with written notice to PERA, or upon my death, or legal incapacity. I direct the financial institution to refund to the PERA any money paid by it to which I was not entitled. I have notified my joint account holder of the obligation to repay any overpayment to this account after my death if the overpayment is not repaid by the financial institution.	
_____	_____
<b>Signature of Payment Recipient</b>	<b>Date</b>

# DIRECT DEPOSIT

—A FREE SERVICE WITH MANY ADVANTAGES—

## WHAT YOU SHOULD KNOW ABOUT DIRECT DEPOSIT

<p><b>What is Direct Deposit?</b> Direct Deposit is an electronic transfer of your monthly benefit payment from PERA to your financial institution.</p> <p><b>Who is Eligible?</b> All members receiving monthly retirement, survivor, and disability benefit payments from PERA.</p> <p><b>Do I have to Change Banks?</b> No. You can keep the same financial institution you are currently using.</p> <p><b>How Much Does This Service Cost?</b> This service is free to PERA members.</p>	<p><b>When is the Deposit Made?</b> Your benefit payment is deposited into your account on the first working day of each month. The amount of the deposit will appear on your bank statement.</p> <p><b>What are the Advantages of Direct Deposit?</b></p> <ul style="list-style-type: none"><li>• Direct Deposit is free.</li><li>• Your payment is deposited into your account on the first working day of each month.</li><li>• Your payments won't get lost or stolen.</li><li>• You save time and money because you don't need to go to the bank.</li></ul>
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If you have any questions about this agreement or your benefits, please call or write to our office. The mailing address is: Public Employees Retirement Association, 60 Empire Drive, Suite 200, Saint Paul, Minnesota 55103. For Twin Cities metro area members, the phone number is (651) 296-7460. Members living outside the metro area may call our toll-free number at 1 (800) 652-9026. Fax number is: 651-297-2547.