

Instructions: PLEASE PRINT using blue or black ink.

Use this form or log into MY PERA to begin/change your direct deposit for your monthly benefit payment. Please allow us time to verify your financial information. If received after the 7th of the month a paper check may be mailed, therefore provide your current mailing address.

Data privacy notice: PERA is asking for private data in order to process your request. You are not legally required to provide this information and may refuse to provide all or some of the information requested. However, PERA may not be able to process your request if you do not provide sufficient information. Unless you consent to further release of your private data, access to this information will be limited to the PERA staff who process your request. Your private data may also be released if required or authorized by state or federal law or by a court order.

PART A — MEMBER INFORMATION


LAST NAME		FIRST NAME & MIDDLE INITIAL		PERA ID NUMBER
ADDRESS—STREET, CITY, STATE, AND ZIP CODE				
LAST FOUR OF SSN	BIRTH DATE—MM/DD/YYYY	PRIMARY PHONE NUMBER	<input type="checkbox"/> Check box if this is a change of address	

Check all applicable boxes. If no boxes are checked, all plans will be updated:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Coordinated and/or Basic Plan | <input type="checkbox"/> Correctional Plan | <input type="checkbox"/> Police and Fire Plan | |
| <input type="checkbox"/> SVFRP | <input type="checkbox"/> MERF | <input type="checkbox"/> Survivor | <input type="checkbox"/> All PERA Plans |

PART B — FINANCIAL INSTITUTION INFORMATION

Please verify your routing and account number with your financial institution or you may attach a voided check to this section. Do not attach a deposit slip.

TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	FINANCIAL INSTITUTION	
 Routing Number Account Number	ROUTING NUMBER	ACCOUNT NUMBER

PART C — AUTHORIZATION

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 canceled 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.

This form may be completed and signed by a legal representative of the payment recipient. Power of Attorney or Conservatorship documents must be on file with PERA or included with this form.

SIGNATURE OF PAYMENT RECIPIENT	DATE
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MAIL OR FAX COMPLETED FORM TO:

Public Employees Retirement Association
 60 Empire Drive, Suite 200, St. Paul, MN 55103-2088
 1.800.652.9026 | 651.296.7460 | Fax: 651.297.2547 | mnpera.org