DIRECT DEPOSIT AUTHORIZATION FORM

Instructions for completing Direct Deposit Form

- 1. All sections must be completed, and all sections requiring a signature **must** be signed.
- 2. Make sure to indicate whether you have a savings, checking, or reloadable card.
- 3. If using a reloadable card, contact the card service provider for the account number and routing number (this is not the number on the face of your card).
- 4. If you fax or email your form, please call to confirm receipt of your form.

| Retiree / Beneficiary Name: | Social Security Number: | |
|--|---|---|
| Telephone Number: | Email Address: | |
| (Area Code) | | |
| Name of Bank: | | |
| Account Type: Checking Savings | Reloadable card | Attach copy of a voided check here: |
| Ownership of Account: Self Join | t | voided effect fiere. |
| Account Number: | | |
| ABA # (routing): | | |
| Please return this form with a <u>void check</u> | directly to the address or fa | x number listed below. |
| listed above for receiving my benefits and to deb Additionally, if the Fund remits payments to my a the Fund information concerning these payments | it such account for entries or adjus account after my death, I hereby au a, the status of the account (open o | und (the "Fund") to initiate credit entries to the account tments for any credit entries made in error. thorize the financial institution listed above to provide to r closed), and persons with access to the account. Such rization to release such information pursuant to the |
| Signature: | | Date: |
| If the account is a joint account - that individual $\underline{\mathbf{r}}$ | <u>nust</u> also sign to indicate agreemer | nt with the statement above. |
| Signature: | | Date: |
| Print name of Joint Account Holder: | | |
| Check here if you wish to receive a mont | hly voucher. | |
| | | |

**NOTE: This may take up to 6 weeks to be effective. Please be advised that checks will be sent to the home mailing address currently on file with the Fund until the direct deposit processes. If you wish to make changes in your address or tax withholdings please contact the Fund Office for additional information.

**Effective January 1, 2024, the National Pension Fund will no longer provide state in come tax withholding except for the Commonwealth of Virginia, which is where the Fund is administered. If you have any questions about how this change may affect you, you should seek assistance from a qualified tax advisor or your state's Department of Taxation. This change will not affect your current federal withholding **