

MARYLAND STATE RETIREMENT AGENCY

120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

DIRECT DEPOSIT — ELECTRONIC FUNDS TRANSFER SIGN-UP FORM

If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

SECTION I

To Be Completed by Payee

Directions for Payee:

- 1) Please read the instructions printed on the following page.
2) Complete SECTION I.
3) Provide this form to your financial institution so that they may complete Section II.

* Advise the Maryland State Retirement Agency (SRA) of change of home address to receive important information regarding benefits and taxes.

A. SOCIAL SECURITY NUMBER OF PAYEE

Grid for Social Security Number with dashes in the 4th and 9th positions.

B. NAME OF PAYEE (last, first, middle initial)

Text box for Name of Payee

Text box for ADDRESS (street, route, P.O. Box, APO/FPO)

Text boxes for CITY, STATE, and ZIP CODE + 4

Text boxes for AREA CODE and TELEPHONE NUMBER

C. If you are receiving more than one payment from the SRA please indicate which payment this EFT applies to:

Checkboxes for RETIREE, BENEFICIARY, and ALL

D. DATE THAT ELECTRONIC FUND TRANSFER SHOULD BEGIN.

Text box for Date

E. PAYEE CERTIFICATION

I certify that I am the payee identified above, and that I have read and understood the instructions on this form. In signing this form, I authorize my pension payment to be sent to the named financial institution to be deposited to the designated account.

SIGNATURE OF PAYEE: DATE:

Text box for Signature and Date of Payee

JOINT ACCOUNT HOLDERS' CERTIFICATION

F. I certify that I have read and understood the instructions on this form including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE OF JOINT ACCOUNT HOLDER: DATE:

Text box for Signature and Date of Joint Account Holder

G. Check here only if your entire payment amount is subject to being transferred to a foreign bank account. See reverse side for more information.

Checkbox and text for foreign bank account

SECTION II

To Be Completed by Financial Institution

Directions for Financial Institution:

- 1) Verify information in SECTION I.
2) Complete SECTION II.
3) Send completed form to: Maryland State Retirement Agency
ATTN: EFT Department
120 East Baltimore Street
Baltimore, MD 21202-6700
or fax to: EFT Department at 410-468-1700

H. NAME AND ADDRESS OF FINANCIAL INSTITUTION

Text box for Name and Address of Financial Institution

I. ROUTING NUMBER CHECK DIGIT

Grid for Routing Number and Check Digit

DEPOSITOR ACCOUNT TITLE

Text box for Depositor Account Title

J. PAYEE'S ACCOUNT NUMBER

Grid for Payee's Account Number

K. TYPE OF ACCOUNT Place "X" in only one box

Checkboxes for CHECKING ACCOUNT and SAVINGS ACCOUNT

SRA USE ONLY

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L. FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the named payee(s) and the account number and title. As representative of this financial institution, I certify that the financial institution agrees to receive and deposit the payment as identified.

PRINT OR TYPE REPRESENTATIVE'S NAME:

Text box for Representative's Name

SIGNATURE OF REPRESENTATIVE:

Text box for Signature of Representative

AREA CODE/TELEPHONE:

Text box for Area Code/Telephone

DATE:

Text box for Date

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

PLEASE READ THIS CAREFULLY

All information on the reverse side of this form, including the individual Social Security number, is required. The information is confidential and will be used only to process payment data from the Maryland State Retirement Agency to the financial institution and its agent. Failure to provide the requested information may prevent the receipt of payments through the Electronic Funds Transfer Program.

Special Notice to Joint Account Holders

Joint account holders should immediately advise both the Maryland State Retirement Agency and the financial institution of the death of the Maryland State Retirement Agency payee. Funds deposited after the date of death are to be returned to the Maryland State Retirement Agency. The Maryland State Retirement Agency will then make a determination regarding survivor rights, and process survivor benefit payments, if any.

Cancellation

The agreement presented by this authorization remains in effect until cancelled by the recipient by notice to the Maryland State Retirement Agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, that recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Maryland State Retirement Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Maryland State Retirement Agency.

Changing Receiving Financial Institutions

The payee's Electronic Fund Transfer arrangement will continue until the Maryland State Retirement Agency is notified by the payee that the payee wishes to change the financial institution receiving the Electronic Funds Transfer. To effect this change, the payee will complete a new FORM 85 form. **The payee should maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Electronic Funds Transfer payment.**

International Automated Clearing House Transaction Rules

Electronic payments to your designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control.

If you receive your monthly retirement benefit via direct deposit at a U.S. bank and then you have the entire benefit amount forwarded to a foreign bank (a bank located in a country outside the United States), please check the box labeled **G** on the front side of this form.