State Board of Retirement ONE WINTER STREET, 8TH FL. BOSTON, MA 02108

| SECTION A (required) | | |
|--|-------------------------------------|---|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |
| SS# | Member ID (if known): | |
| | | |
| SECTION B (required) Name of Financial Institution: | | |
| All Names on Account: | | |
| Routing #: | | |
| Depositor Account #: | | |
| Please Check Appropriate Box: Savings Account Checking Account, voided check attached | | |
| Are you receiving direct deposit in this account as an active employee of the commonwealth? Yes No N/A | | |
| IF BEING DEPOSITED INTO A CHECKING ACCOUNT PLEASE INCLUDE A VOIDED CHECK | | |
| Check box if any of the above direct deposit will go directly to a foreign bank or if the entire amount is forwarded from a domestic bank to a foreign bank. | | |
| | | |
| PLEASE SIGN BELOW (required) | | |
| "I,herel benefit into my account at the financial institution named aboaccount, to adjust any over deposit which it has caused to be runtil revoked by me with thirty (30) days written notice to the Boston, MA 02108, or by the State Treasurer. | nade to my account. This authori | thorized to debit or credit my zation will remain in effect |
| I certify that I am the person entitled to receive the payment provided is accurate to the best of my knowledge." | under this application. I also cert | ify that the information herein |
| Signature | | Date |

Direct Deposit is mandatory for all members retiring after January 1, 2010. Statements can be viewed online at www.mass.gov/payinfo If sending voided check, do not staple.

