Please print or type your name, address, social security number and telephone number. Copy your social security number from your retirement check or stub. Contact your financial institution for their correct name and mailing address and enter below.

If you want your retirement payments to go into your checking account, please enclose a voided check (no deposit slips please). This is to verify the account number and the financial institution's routing number. Please complete and sign this form and return it to



Tennessee Consolidated Retirement System 502 Deaderick Street Nashville, Tennessee 37243-0201



1 Name:		
1. Name:Last	First	Middle Initial
2. Social Security #:	Area Code/Phone #	()
3. Address:		
3. Address:Street, Rural Roo	ute, Box #, Apt. #	
City	State	Zip Code
4. Financial Institution Name:		
5. Financial Institution Mailing Address: _		
City	State	Zip Code
6. Financial Institution Area Code/Phone	#: _()	
7. Type of Account:	☐ Savings	
directly deposited into a savings accourblanks below.		Julian Julian
☐ Savings		
Account #	*Routing #	
* Please contact your financial institution	on for the correct routing numl	oer.
I hereby authorize the Tennessee Consolida to my account at the financial institution in to accept these credit entries to my account.	ated Retirement System to make	
upon providing written notification to the	I understand this agreement ma Retirement System within such	ay be terminated by me n time as to afford the
upon providing written notification to the Retirement System and the financial institution SIGN HERE: Signature	I understand this agreement ma Retirement System within such ution a reasonable opportunity	ay be terminated by me n time as to afford the