

# Plan Participant Direct Deposit of Monthly Pension Payments Form

*charles* SCHWAB  
BANK

In order to make delivery of your pension checks more secure, to protect against potential delays that might be caused by the U.S. Postal Service, and to eliminate your need to physically deposit your checks at your bank, we invite you to sign up for our Direct Deposit service for your monthly pension payments. Charles Schwab Bank can provide same-day deposits of your monthly retirement plan draws directly into your checking or savings account at no additional cost.

A separate copy of this form is required for each bank account for which Direct Deposit is requested.

## Participant Information

Participant Name (please print)	Social Security Number
Retirement Plan Name	Schwab Bank Account Number

By enrolling in Schwab Direct Deposit, you are establishing a standing authorization that will allow Schwab Bank to request electronic funds deposits to the bank account indicated below from your Schwab Bank account.

After completing this form, print and mail it to Charles Schwab Bank, Attention: Asset Control, P.O. Box 52087, Phoenix, AZ 85072-2087, or you may email a scanned copy to CSTCAccountDocuments@schwab.com or fax it to 1-800-977-8261.

Schwab Bank's company identification code is 2943149038, for your bank's reference.

## Bank/Financial Institution Information

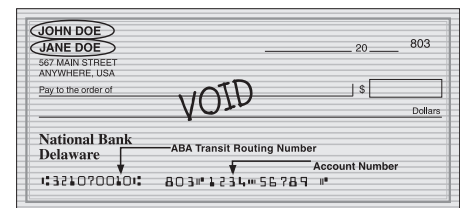
This is a:  Checking Account  Savings Account

Bank/Financial Institution Name		
ABA Transit Routing Number (9-digit)	Account Number	Bank Account Name (Nickname)—Optional

A canceled or voided, preprinted check is required to set up the Direct Deposit service. Please attach the original (no photocopies) to this form.

### Acceptable documentation for accounts without checkwriting:

- A preprinted savings account deposit slip
- A letter from your financial institution, signed by an officer, which includes the account title, account number, account type, and ABA Transit Routing Number



## Signature(s) and Date(s) Required

<b>X</b>	Authorized Plan Participant Signature	Print Name	Date
<b>X</b>	Additional Authorized Plan Participant Signature	Print Name	Date

This authorization may be terminated by any of the parties at any time by writing to Charles Schwab Bank, Attn: Asset Control, P.O. Box 52087, Phoenix, AZ 85072-2087, or by calling 1-877-319-2782.

