

Direct Deposit—Information and Instructions

INFORMATION

This form allows you to elect to receive payments from Wespath by electronic funds transfer. Payments will be deposited into your account with a bank or other financial institution located in the United States. Wespath encourages you to enter or update this information online at benefitsaccess.org—log in and select “**Take Action**” then choose “**Set Up Annuity**.”

INSTRUCTIONS

Part 1 – Personal Information

Enter your personal information. Type on the electronic form or use a black pen and print clearly in CAPITAL LETTERS.

Part 2 – Deposit Account Information

Provide the information for the account to which your payments should be deposited. Be sure to include a voided check to confirm your account information. To deposit funds into a savings account, set up your direct deposit online at benefitsaccess.org.

Indicate whether all payments or only payments related to specific plans should be deposited to this account. If you do not select all payments, submit a separate *Direct Deposit* form for each account to which you would like to have payments deposited.

Part 3 – Signature

Read the acknowledgements and, if you agree, sign and date the form. Then return it to Wespath via the instructions on the form. Keep a copy of the submitted form for your records.

Direct Deposit

You can elect Direct Deposit or change your account information at benefitsaccess.org—log in then select “Take Action.”

Part 1 – Personal Information *Type or print in ALL CAPS.*

Name _____ Social Security # (last 5 digits) _____
 Address _____ Primary phone # () _____
 _____ E-mail _____
 Check if new mailing address. Effective date _____

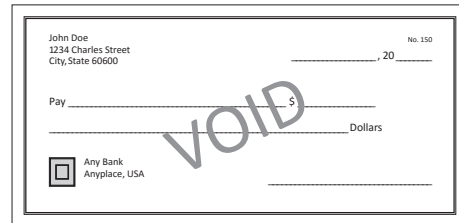
Part 2 – Deposit Account Information

Financial institution name _____
 (must be located in the United States)

Financial institution phone # () _____

- All payments**
- Retirement plans
- Monthly benefit payments Retirement income payments One-time distribution
- Comprehensive Protection Plan (CPP)/Basic Protection Plan (BPP)
- Disability payments School certificate 12-month survivor payments

Include a voided check:



Part 3 – Signature

I acknowledge:

- I am receiving retirement plan, survivor or disability payment(s) from Wespath Benefits and Investments (Wespath).
- I authorize Wespath to forward such payments by direct deposit to the financial institution indicated above.
- If amounts to which I am not entitled are erroneously credited to my deposit account, I agree to return such deposits to Wespath and I authorize Wespath to automatically reverse such deposits.

I understand that this form must be received by Wespath by the 10th business day before the end of the month to be effective for next month’s deposit. This direct deposit form will remain in effect until I submit a new form or my series of payments cease.

Signature _____ Date _____

Please complete this form and send it by:

- E-mail (scanned copy) to distributionteam@wespath.org,
- Fax to **1-847-866-2736**, or
- Mail to: Wespath Benefits and Investments
Attention: Distribution Team
1901 Chestnut Avenue, Glenview, IL 60025-1604

Be sure to keep a copy for your records.