

## Payment Method Authorization Form

Date: \_\_\_\_\_

Please use blue or black ink when completing this form.

Name: \_\_\_\_\_

SSN / TIN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please complete this section if you wish to elect Direct Deposit of your monthly pension benefit. Be sure to include a voided check or a savings deposit slip. By signing this form, you authorize The Church Pension Fund to pay your monthly pension benefit by direct deposit to the institution listed below. This authorization will remain in effect until you change or cancel it in writing.

You may wish to visit or call your financial institution directly to verify the following information. Please note that it takes 30-60 days to process your authorization request. If you do not complete all of the requested information, or if you provide inaccurate information, your request may be further delayed.

### Financial Institution Information for Direct Deposit of Monthly Pension Benefit (please print)

Account Type:  Checking  Savings  Other

Name of Financial Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone Number (including area code): \_\_\_\_\_

Financial Institution's ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature of Joint Account Holder: \_\_\_\_\_

### To Select a Payment Option for Your Resettlement Benefit, if applicable (please choose only ONE option)

**OPTION 1: I would like the full distribution payable to me.**

I understand that I will receive a direct payment for the whole distribution via **Direct Deposit**.

- Please complete the **Direct Deposit of Resettlement Benefit** section on the reverse side of this form.

**OPTION 2: I would like to rollover the full distribution.**

- Please complete the **Direct Rollover of Resettlement Benefit** section on the reverse side of this form.

**OPTION 3: I would like to rollover part of the distribution and have the remainder payable to me.**

I hereby authorize a **Direct Rollover** of \$ \_\_\_\_\_ (or \_\_\_\_\_ %) of this distribution. I will receive direct payment for any portion of the distribution that (1) I do not authorize for Direct Rollover, and/or (2) is not eligible for Direct Rollover.

- Please complete the **Direct Rollover of Resettlement Benefit** section on the reverse side of this form.
- Please complete the **Direct Deposit of Resettlement Benefit** section on the reverse side of this form if you elect to receive any portion of the distribution as direct payment.

Signature: \_\_\_\_\_

Client Number: \_\_\_\_\_

