



CCOERA 457 Plan

98721-02

When would I use this form?

When I am requesting to have Direct Deposit (ACH) information established on my Automated Minimum Distributions and Periodic Payments.

Additional Information

- For questions regarding this form, visit the website at www.ccoera.org or contact Service Provider at 1-800-352-0313.
Use black or blue ink when completing this form.

A Participant Information

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number (Must provide all 9 digits) form with boxes for digits and dashes.

Last Name

First Name

M.I.

Daytime Phone Number

Email Address

Alternate Phone Number

B Financial Institution Information (A business account or an IRA may not be designated.)

- Checking Account - Attach a copy of a preprinted voided check for the receiving account or letter on financial institution letterhead signed by a representative from the receiving institution which includes my name, checking account number and ABA routing number.
Savings Account - Attach a letter on financial institution letterhead signed by a representative from the receiving institution which includes my name, savings account number and ABA routing number.

Automated Clearing House (ACH) credit can only be made into a United States financial institution. Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected. If your payment start date does not allow for the 10 day pre-notification process, your first payment will be sent by check to your address of record.

C Participant Consent (Please sign on the 'Participant Signature' line below.)

I understand that to establish Direct Deposit via ACH, I must have my signature notarized or witnessed by my Plan Administrator below. If my signature is not notarized or witnessed, ACH will not be established on my account and a check will be mailed to the address of record, if applicable.

Allow at least 15 days from the date Service Provider receives a properly completed Direct Deposit form to begin using ACH for your payments. By requesting my distribution via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of the ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.

I hereby authorize the initiation of credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account at the financial institution as referenced in the attached documentation, in the form of an ACH transfer. I understand that payments will be made in accordance with the directions I have specified on this form until I cancel this agreement in writing. Notice of cancellation must be made by me at least 30 days prior to a payment date for the cancellation to be effective with respect to my subsequent payments. I understand that Service Provider reserves the right to terminate the authorization agreement for ACH transfers for any reason and will notify me in the event of such termination by sending notice to my last known address on file. I acknowledge that it is my obligation to provide notification of any address or other changes affecting my electronic fund transfers during my lifetime. I am solely responsible for any liability that may arise out of my failure to provide such notification affecting my ACH transfers. I agree that Service Provider is not liable for payments made in accordance with this properly completed Direct Deposit form. I hereby authorize and direct my financial institution not to hold any overpayments made on my behalf or on behalf of my estate or any current or future joint account holder, if applicable.

I understand that if this form is not completed properly, payments will be made by check and mailed directly to me at my last known mailing address on file.

Last Name

First Name

M.I.

Social Security Number

Number

C Participant Consent *(Please sign on the 'Participant Signature' line below.)*

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Before signing this form: My signature must be notarized by a Notary Public or witnessed by my authorized Plan Administrator if I am requesting Direct Deposit via ACH. If I use a Notary Public, the date that I sign this form must match the date of the Notary Public signature.

Participant Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and ACH will not be established.

For Residents of all states (except California), please have your notary complete the section below.

Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by Notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and my name. Notary forms not containing this information will be rejected and it will delay this request.

The date I sign this form must match the date on which my signature is notarized.

Statement of Notary

NOTE: Notary seal must be visible.

This request was subscribed and sworn *(or affirmed)* to before me

State of _____) on this _____ day of _____, year _____, by _____

SEAL

)ss. **(name of participant)** _____

County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public _____ My commission expires ____ / ____ / ____

My Plan Administrator Witnessing My Signature *(Please sign on the 'Plan Administrator' line below.)*

Only necessary if Notary signature is NOT obtained where indicated above.

If the participant request includes instructions for Direct Deposit via ACH and the participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.

I represent that I am an authorized signer on behalf of the above-name Plan and have an authority to instruct Service Provider to process this form.

Plan Administrator Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name _____

D Mailing Instructions

This form can be sent by

Fax to:
1-866-745-5766

OR

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

Express Mail to:
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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