



**Defined Contribution
Electronic Funds Transfer Authorization**

Standard Retirement Services, Inc. is pleased to offer you electronic deposit of your benefit payments. The electronic funds transfer (EFT) method is immediate, secure and eliminates the waiting associated with mail delivery.

NOTE: Electronic Funds Transfers are allowed only for Group Annuity plans and for NAV plans when installment payments are a permitted distribution form.

Participant Name _____ Contract # _____

Street Address _____ SSN _____

City, State, Zip _____

Please allow 30-45 days to become effective. You may receive one check in the mail during the transition to EFT.

Please remit payment to: (Bank Name) _____

9-Digit Bank Routing Number _____ Checking Account Number: _____

I authorize and request that The Standard electronically deposit retirement payments into my checking account identified above. I authorize The Standard to contact my bank to verify the information on the Request Form and to resolve problems related to electronic deposits or errors in deposits.

I understand the electronic deposit of my retirement payments will be delayed if I do not provide accurate and complete information on this form, and, if my designated checking account is closed or if the account number is changed, this agreement will terminate.

I agree to notify The Standard as soon as reasonably possible of any changes to my designated checking account. I may terminate this authorization at any time. If I elect to do so, I will send notification by mail to The Standard, asking to discontinue the electronic deposit of my retirement payment to my designated checking account. If this agreement terminates, I understand my payment will be paid by check via US mail.

I am attaching a voided check (or voided check copy) for my designated checking account. I understand that a deposit slip is not sufficient and that The Standard will make deposits to only one checking account on my behalf.

Please sign and return this form to the address above to implement Electronic Funds Transfer.

Signature: _____ Date: _____

To ensure payment is properly credited to your account, please attach a voided check to this form.

ATTACH VOIDED CHECK HERE