



ELECTRONIC DIRECT DEPOSIT OF DISTRIBUTIONS FORM

ABA Retirement Funds Program ("Program")
P.O. Box 990073 • Hartford, CT 06199

Customer Contact Center: 800.348.2272
Website: abaretirement.com

This form is used to establish or change electronic direct deposit instructions for all future in service withdrawals, hardship withdrawals, required minimum distributions, installment payments or distributions. Please use the appropriate form to make the actual disbursement request, as this form is only for establishing or changing direct deposit instructions.

To make a disbursement request, you may submit the applicable form (Distribution Request Form, In-Service Withdrawal Form, Hardship Withdrawal Form or Required Minimum Distribution Form). Alternatively, if you have already established installment payments, and you are receiving your payments by check, you may submit this form to generate electronic direct deposit of the scheduled payments.

Finally, if you already have direct deposit instructions on file, please do not submit this form unless you are changing the banking information. The direct deposit instructions, once provided, will remain in place for any payment made to you, until such time as you stop or change the instructions.

(This form cannot be used for distributions that are being rolled over. For wires of rollover distributions, complete the Wire Instructions for a Partial or Lump Sum Rollover Distribution Form.)

If the information below is not fully completed or incorrect, a check will automatically be sent to the participant in lieu of an electronic direct deposit. All future disbursements will also be sent via check.

- ☐ This is a **NEW** request. ACH instructions are not on file for this participant.
- ☐ This is a request to **UPDATE** the existing ACH information on file for this participant.

1. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: ____ - _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (_____) _____ - _____

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: _____ - _____ - _____

Daytime Phone Number (_____) _____ - _____ Email: _____

3. FINANCIAL INSTITUTION INFORMATION COMPLETE NAME(S)/REGISTRATION ON BANK ACCOUNT:

I understand that I, the payee named below, have the right to cancel this authorization at any time by written notice to the Program. I further understand that my financial institution reserves the right to cancel this agreement by written notice to me.

Name of Financial Institution: _____

Street Address: _____ Routing Number: _____

(Must be 9 digits)

City: _____ Deposit Account Number: _____

State: _____ Zip Code: _____ ☐ Checking ☐ Savings

Account Name(s)*: _____ Phone Number: (_____) _____ - _____

**Only personal accounts are eligible for direct deposit/ACH.*

4. PARTICIPANT AUTHORIZATION

The participant listed above, the payee for distributions and/or payments received under the plan listed above, authorizes the Program to deposit any current or future distributions and/or payments into an account at the financial institution named above. In the event of an overdeposit, the Program may adjust my account in the above-referenced plan, if feasible. If not feasible, the Program is also authorized to debit my account to adjust any overdeposit that it has caused to be made to my financial institution account as a result of the deposit.

This authorization will remain in effect until further written notice from me is filed with the Program or a new Electronic Direct Deposit of Distributions Form requesting a change is received, and shall cease upon written notice to the Program of my death.

SIGNATURE OF PAYEE (PARTICIPANT)

DATE