



PERSONAL INFORMATION (Please print clearly using black or blue ink)

NAME OF PLAN(s): *(Employer)* _____
NAME: _____ SOCIAL SECURITY NUMBER: _____
PRIMARY PHONE: _____ EMAIL ADDRESS: _____
MAILING ADDRESS: _____
(PO Box or Number and Street) (City, State and Zip Code)

INSTRUCTIONS

Use this form to authorize OkMRF to directly deposit your monthly benefit payments to your designated account in a financial institution via electronic funds transfer. Forms must be received by OkMRF by the 15th day of the month to begin direct deposit in the following month.

Please submit your completed form to: VIA MAIL Oklahoma Municipal Retirement Fund 1001 NW 63 rd Street, Suite 260 Oklahoma City, OK 73116	Questions? (888) 394-6673, ext. 108 or 109 VIA FAX* Oklahoma Municipal Retirement Fund (405) 606-7879 * If faxing form please follow-up by sending original via mail.
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AUTHORIZATION

SECTION 1. FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION: _____
ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING SAVINGS
MAILING ADDRESS: _____
(PO Box or Number and Street) (City, State and Zip Code)

SECTION 2. ATTACH DOCUMENT

ATTACH A PERSONALIZED DOCUMENT HERE

If your deposit will be made to your checking account, please tape a voided check here.

Your name MUST be pre-printed on the check. Temporary checks are NOT accepted.

If your deposit will be made to your savings account, please attach a personalized document from your financial institution showing the institution's routing number with your name and account number.

AUTHORIZATION CONT.

SECTION 3. SIGNATURE

I hereby authorize and direct Northern Trust, as paying agent for OkMRF and for the _____ (name of Employer) to deposit the net amount that I am due for any periodic payment with the same effect as if a check had been delivered to me for such amount. I also authorize and direct the Financial Institution, to credit this amount to this account. Should an overpayment be made by Northern Trust, I hereby authorize and direct the Financial Institution to debit the amount of such overpayment from this account, or any account of mine held by the Financial Institution, and to return to Northern Trust the amount of any such overpayment, solely upon Northern Trust's written statement that an overpayment has been made. I am making this authorization and direction to the Financial Institution as consideration to Northern Trust for its compliance with this request to make direct deposits. If the Financial Institution fails to promptly comply with this authorization and direction to reimburse Northern Trust for any overpayment to my account(s), I further agree to directly reimburse Northern Trust for such overpayment.

These authorizations and directions are to remain in full effect until Northern Trust has received written notification from me of their revocation or change in such time and manner as to afford Northern Trust and the Financial Institution a reasonable opportunity to act upon such notice.

I understand that Joint Tenants on my account are not automatically eligible for my benefit upon my death or legal incapacity. The Plan will determine what survivor benefits are payable upon my death, if any.

In order to assure that all Authorization for Direct Deposit are properly authorized, this form must be signed by the Pensioner or a person who has a Durable Power of Attorney or Guardianship Documents on file with OkMRF. Changes must be received by OkMRF by the 15th of the month in order to be applied to the next month's pension payment.

Date

Payee's Signature

----- WITNESSED AND APPROVED -----

Date

Authorized Agent for the Retirement Committee

--- OR ---

State of: _____ County of: _____

On this _____ Day of _____, 20 _____

The forgoing document was signed and sworn to (or affirmed) before me by _____

Witness my hand and official seal.

Signature of Notary Public

My commission expires: _____