

Please allow up to 30 days after the *Direct Deposit Agreement* is received by MSRS for your benefit payment to be electronically transferred to your financial institution.

## 1. Information about you

Last name	First name	MI	Account ID or SSN
Home phone		Alternate phone	

## 2. Financial institution and account information

Before completing this section, we recommend that you contact your financial institution to verify all information, specifically the routing number and account number.

A direct deposit request cannot be sent to a prepaid debit card, an IRA, or a business account. Requests will be rejected if referencing a foreign financial institution or U.S. financial institution with a further credit to an account associated with a foreign financial institution.

Name of financial institution	Financial institution city, state and zip code
Routing number (9-digits)	Account number

### Account type:

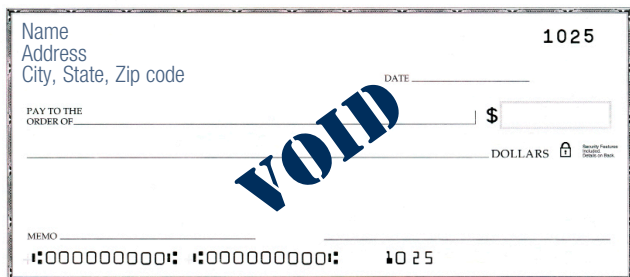
**Checking account:**

Must tape copy of preprinted voided check here. Name of account holder and address must appear on check.

**We cannot accept a voided check without this information.**

**Savings account:**

Must include a letter on financial institution letterhead, which includes your name, savings account number and ABA routing number. Deposit slips will not be accepted.



Be sure to sign this form on page 2. MSRS cannot accept this request without your signature.

### 3. Joint account information

Is this a joint account? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please complete the following:	
Joint account holder's name and address	Joint account holder's name and address

### 4. Plan selection

Please check the box(es) below to indicate the MSRS plan(s) to which this direct deposit request should apply. If you have multiple MSRS plans and check more than one box below, the funds will be deposited into the account you name on this form. To have funds placed in different bank accounts, you must complete a separate Direct Deposit Agreement for each plan.

This authorization applies to both one-time deductions as well as scheduled installment payments.

**State of Minnesota pension and/or Health Care Savings Plan (HCSP)**

Both the MSRS monthly pension benefit and HCSP reimbursements MUST be deposited into the same bank account.

**Minnesota Deferred Compensation Plan (MNDCP)**

**Hennepin County Supplemental Retirement Plan**

### 5. Required signature (please sign below)

I request that my payments be electronically transferred to my account in a financial institution associated with the National Automated Clearinghouse Association, or a successor. This agreement remains in effect until cancelled by me, my attorney-in-fact or conservator, or upon my death. I direct the financial institution to refund to the Minnesota State Retirement System any money paid by it to which I was not entitled. I have notified any joint account holder(s) of the obligation to repay any overpayment to this account after my death if the overpayment is not repaid by the financial institution.

Data collected on this form will be used by MSRS staff for identification and documentation. The individual's Social Security number, telephone number and address are classified as private and will not be shared with an unauthorized person without written consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month / Day / Year

Mail or fax the completed form to:



60 Empire Drive, Suite 300  
St. Paul, MN 55103-3000  
Fax: 651.297.5238



Questions?  
1.800.657.5757 or 651.296.2761

INTERNAL USE ONLY:

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Effective Date: \_\_\_\_\_