Direct Deposit (ACH)
Governmental 457(b) Plan

Use black or blue ink when completing this form. Use only for Automated Minimum Distributions and Periodic Payments. For questions regarding this form, visit the Web site at www.kern457.com or contact Service Provider at 1-800-701-8255.

Kern County Deferred Compensation Plan **98424-01**

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)*

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**

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.

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

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

D Mailing Instructions

This form can be sent by

Fax to:
1-661-868-3409

OR

Regular Mail to:
Great-West Retirement Services®
PO Box 173764
Denver, CO 80217-3764

OR

Express Mail to:
Great-West Retirement Services®
8515 E. Orchard Road
Greenwood Village, CO 80111