

**California Public Employees' Retirement System****REFUND DIRECT DEPOSIT AUTHORIZATION****Section 1**

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

**Information About You**

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

\_\_\_\_\_  
Name (First Name, Middle Initial, Last Name)      \_\_\_\_\_  
CalPERS ID Number

\_\_\_\_\_  
Address      \_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
City      \_\_\_\_\_      \_\_\_\_\_  
State      ZIP

**Section 2**

If you are authorizing your payment to your savings account **or** do not have pre-printed, personalized checks, please have your financial institution complete this section.

**Information About Your Account**

Checking    Savings    Individual    Joint (If so Complete Section 3)    Trust Account\*

\_\_\_\_\_  
Routing Number (nine digits)      Account Number

Please use tape to attach your voided, **pre-printed personalized check**. (Do not staple or paper clip. **No deposit slips**.)

**\* Trust Accounts**

You will need to complete a CalPERS trust form, which can be obtained by contacting CalPERS

\_\_\_\_\_  
Name of Financial Institution      \_\_\_\_\_  
Branch Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City      \_\_\_\_\_      \_\_\_\_\_  
State      ZIP

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

\_\_\_\_\_  
Signature of Representative      \_\_\_\_\_      \_\_\_\_\_  
Print Representative's Name      Date (mm/dd/yyyy)

**Section 3****Information About Joint Account Holder (If Applicable)**

_____ Name (First Name, Middle Initial, Last Name)		_____ CalPERS ID Number
_____ Address		_____ Daytime Phone
_____ City	_____ State	_____ ZIP

**Section 4****Certification**

Signature required.

\*\* To comply with new NACHA regulations regarding International ACH Transactions (IAT), CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.\*\*.

\_\_\_\_\_  
Signature of Payee\_\_\_\_\_  
Date (mm/dd/yyyy)

<b>Mail to:</b> CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716
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# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).