



Direct Deposit Authorization

Section 1: Information About You

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

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

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Address Daytime Phone

City State ZIP Code

Section 2: Information About Your Account

Select the account type for your direct deposit.

Checking Savings Joint (If so complete Section 3) Trust Account*

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

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.

* **Trust Accounts** You also need to complete and submit a **Request for Payment of Monthly Allowance to a Trust** form or the **Certification of Trust and Request for Continued Payment of Monthly Allowance to a Trust** form available at www.calpers.ca.gov and a copy of the Certification of Trust from your trust document.

Routing Number (Nine Digits) Account Number (Do not include the check number)

Name of Financial Institution Branch Phone Number

Address

City State ZIP Code

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 Bank Representative Print Bank Representative Name Date (mm/dd/yyyy)

Mail to:

CalPERS Retirement Benefit Services Division, P.O. Box 942716, Sacramento, CA 94229-2716
888 CalPERS (or 888-225-7377) TTY: (877) 249-7442 Fax to (800) 959-6545

Put your name and Social Security number or CalPERS ID at the top of every page.

Name (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Section 3: Information About Joint Account Holder (If applicable)

Name (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Address

Daytime Phone

City

State

ZIP Code

Section 4: Certification

Signature is required.

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.

To comply with National Automated Clearing House (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.

Signature of Payee

Date (mm/dd/yyyy)

You can view and print your benefit statement, which shows your total deposit amount, including any reimbursements or authorized deductions at my.calpers.ca.gov. If you have not created your account, you must follow the steps to complete the registration process.

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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 to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information 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 or 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 CalPERS. For questions about this notice, our Privacy Policy, or your rights, please write to:

CalPERS
CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at
888 CalPERS (or **888-225-7377**).