



I authorize State of Michigan Pension Plus Plan to make deposits to my account in the financial institution named below, and I authorize the financial institution to accept and credit any entries initiated by the State of Michigan Pension Plus Plan.

My Financial Institution:

Bank, Savings & Loan or Credit Union

Branch

Institution Phone Number

Mailing Address

Enter

Your Account Number

Financial Institution Routing Number

This authority is to remain in effect until State of Michigan Pension Plus Plan receives written notification of its termination or closure of any account. I understand that, because State of Michigan Pension Plus Plan must coordinate with the record keeper, my first monthly check may be mailed to me. In addition, any changes to my account number may also cause a monthly check to be mailed to me. Allow 30 business days for processing any changes.

Member Name

SSN or Employee ID (circle one)

Mailing Address

Area Code and Phone Number

City

State

Zip

Signature (do not print)

Date

If you change your mailing address, please notify the State of Michigan Pension Plus Plan in writing so that important notices affecting your benefit may be mailed to you.

Not Acceptable without Voided Check

Checking: Attach Voided Check (Deposit slip not acceptable).

Savings: Enter account number and routing number of your financial institution. _____

This is a change from my previous direct deposit request. Original Payout Date _____