

DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

Annuitants may choose to have their monthly payments electronically deposited to a federally insured checking or savings account. This means that your money will be available on the 1st banking day of the month.

AUTHORIZATION

By submitting this form, you are authorizing the Municipal Employees' Annuity and Benefit Fund (MEABF) of Chicago to send any benefits due by electronic funds transfer to the designated account.

If at any time the amount of benefits deposited exceeds the amount of benefits actually due and payable to you, you hereby authorize MEABF to either:

(1) Withhold a sum equal to the overpayment from future benefits;

-Or-

(2) Recover such overpayment from the above-designated account.

SECTION 1 – APPLICANT INFORMATION

If you want direct deposit to your checking account, **please attach a voided personal check**. The check must have your name including any joint account holders, printed in the upper left hand corner.

-Or-

If you want direct deposit to your savings account or if you do not have a voided check for your checking account, please **attach a letter from your financial institution** on their letterhead signed by a bank officer indicating the routing number, the account number, and listing any joint account holders.

The Applicant **must sign and date**. If a Power of Attorney signs the form on behalf of the Applicant, a valid Power of Attorney must be on file with the Fund. If a Guardian signs, the form on behalf of the Applicant, Letters of Office or other similar court documentation must be on file with the Fund if the Guardian is not the natural parent of the Applicant.

SECTION 2 – JOINT HOLDER (S)

If there are one or more Joint Account Holders, ALL Joint Account Holders must print their name, address, Social Security number, telephone number, and sign and date the form.

GENERAL INFORMATION

In section 1, if anyone besides the authorized signer (The Applicant, Power of Attorney, or Guardian) signs, it will not be processed and new documentation will have to be submitted.

Please note that the applicant and the guardian or power of attorney both need to be listed on the check or included in the bank's letter as an authorized signer on the account.

**MAIL COMPLETED FORM TO
MEABF
321 N. CLARK STREET, SUITE 700
CHICAGO, IL 60654
OR
FAX TO
(312) 527-0192**



Municipal Employees' Annuity and Benefit Fund of Chicago
 321 North Clark Street, Suite 700, Chicago, Illinois 60654
 Telephone: 312-236-4700 Fax: 312-527-0192
 www.meabf.org

DIRECT DEPOSIT AUTHORIZATION

AGREEMENT

I, hereby acknowledge that my benefits terminate at the end of the month of my death or at the end of my eligibility period. Accordingly, I agree that if any benefit payments to which I am not entitled shall have been received and collected by my financial institution, I or we (if my account is a joint account) hereby authorize and direct my financial institution to refund the same to the Fund and charge such refund payments to the account listed below or any other account of mine, or the extent money has been withdrawn from the account listed by any other of the undersigned, to charge such refund payment to other account which we, individually or jointly may have in such financial institution.

SECTION 1 – APPLICANT INFORMATION

PLEASE SELECT ONE	RETIRED EMPLOYEE	WIDOW (ER)	CHILD
Name (First, MI, Last)	Social Security Number XXX-XX-		Phone Number
Address	City, State, Zip		Email
PLEASE SELECT ONE OF THE FOLLOWING			
I HAVE ATTACHED A VOIDED CHECK WITH MY NAME PRINTED IN LEFT-HAND CORNER FOR ACCOUNT INFORMATION AND VERIFICATION.			
I HAVE ATTACHED A LETTER ON MY BANK'S LETTERHEAD STATING THE ACCOUNT NUMBER AND ROUTING NUMBER, SIGNED BY A BANK OFFICER FOR ACCOUNT INFORMATION AND VERIFICATION.			
I HAVE READ THE AGREEMENT AND ACCEPT THE TERMS. I HEREBY AUTHORIZE MEABF TO DIRECT MY ANNUITY PAYMENT (S) VIA ELECTRONIC FUNDS TRANSFER.			
SIGNATURE X _____		DATE X _____	

* POWER OF ATTORNEY OR GUARDIAN SIGNING ON BEHALF OF THE APPLICANT MUST SUBMIT COURT DOCUMENTS IF NOT ALREADY SUBMITTED.

SECTION 2 – JOINT ACCOUNT HOLDER (S) INFORMATION

Name (First, MI, Last)	Social Security Number XXX-XX-
Address	Phone Number
I HAVE READ THE AGREEMENT AND ACCEPT THE TERMS.	
SIGNATURE X _____	DATE X _____
Name (First, MI, Last)	Social Security Number XXX-XX-
Address	Phone Number
I HAVE READ THE AGREEMENT AND ACCEPT THE TERMS.	
SIGNATURE X _____	DATE X _____

Be advised that under Illinois law (P.A. 97-0651) MEABF is required to report to the State's Attorney for investigation any reasonable suspicion of any falsified statement or record or any fraudulent claim involving the MEAB F. Under State law, a person convicted of fraud may be subject to a fine of not more than \$25,000 or imprisonment for not more than five (5) years or both.