



Electronic Direct Deposit Authorization for Retirees

FOR OFFICE USE ONLY



Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

BEFORE COMPLETING THIS FORM, PLEASE READ THE INSTRUCTIONS ON THE BACK. If you are making a change to a different bank account, do not close your old bank account until your new bank account is in effect. If you close your old bank account prior to your new account being in effect, please notify the Division in writing or the funds will be returned to the State of Alaska and cause a 7-10 day delay before you receive your retirement benefit in the mail. Please contact us if you have any questions about the effective date of this request.

Please note that any alteration or unauthorized addition to this form will invalidate the form.

SECTION I. TYPE OF CHANGE

<input type="checkbox"/> Start New Authorization	<input type="checkbox"/> Change Existing Authorization	<input type="checkbox"/> Cancel Existing Authorization
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SECTION II. MEMBER INFORMATION

RETIREMENT IDENTIFICATION NUMBER (RIN) R000	OR	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX-
NAME (FIRST / M.I. / LAST)		
MAILING ADDRESS – NEW ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		DAYTIME TELEPHONE NUMBER
CITY	STATE	ZIP
Which benefits do you want affected with this change? <input type="checkbox"/> PERS <input type="checkbox"/> TRS <input type="checkbox"/> JRS <input type="checkbox"/> NGNMRS <input type="checkbox"/> EPORS		

SECTION III. BANK ACCOUNT INFORMATION

Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
ROUTING NUMBER		ACCOUNT NUMBER	
If you have selected Checking , attach a voided, pre-printed personalized check (no deposit slips) to this agreement. If you do not wish to attach a voided check or if your checks are not personalized with your name and address, please have your financial institution complete the information below. Do not attach a deposit slip. If you have selected Savings , please have your financial institution complete the information below.			
NAME OF FINANCIAL INSTITUTION			BRANCH TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP
I confirm the identity of the above-named payee and that the payee is an account holder on the account number indicated above. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.			
SIGNATURE OF BANK REPRESENTATIVE		PRINTED NAME OF BANK REPRESENTATIVE	DATE

SECTION IV. APPLICANT CERTIFICATION

I certify I have read and understood the information on this form and on the accompanying instructions. I authorize the designated financial institution to provide information to the State of Alaska, Division of Retirement and Benefits regarding address changes and account information, to ensure proper and timely processing of deposit transactions. In signing this form, until further notice, I authorize the State of Alaska to directly deposit my retirement benefits payments into the account I have designated above. I authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the designated account, including but not limited to amounts transferred after my death. If the funds have been withdrawn following my date of death, I authorize my financial institution to release to the State of Alaska the name and address of the person(s) responsible for withdrawing the funds.	
SIGNATURE	DATE

Alaska Division of Retirement and Benefits

Electronic Direct Deposit Instructions

The State of Alaska, Division of Retirement and Benefits (DRB) is pleased to offer you the convenience of electronic deposit of your monthly retirement benefit. Please follow these instructions to complete your Direct Deposit Request. This offer to participate in electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130. By submitting this form you are authorizing the DRB to transmit any retirement 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 DRB to either:

1. Withhold a sum equal to the overpayment from future benefits; or
2. Recover such overpayment from the above-designated account.

This authorization remains in full force and effect until we receive written notification from you of its termination or when benefits are no longer payable.

INSTRUCTIONS

SECTION I. TYPE OF CHANGE

Check the appropriate box to indicate the type of authorization you are requesting.

- Choose **Start New Authorization** if you are a new retiree or have not previously set up a direct deposit account for your monthly benefit.
- Choose **Change Existing Authorization** if you would like to change the account number and/or financial institution of an existing account. Do not close your old account until your first payment is deposited into your newly designated account and/or financial institution.
- Choose **Cancel Existing Authorization** if you would like to cancel your current direct deposit and receive your check through the U.S. Mail.

SECTION II. MEMBER INFORMATION

- Print your **Retirement Identification Number (RIN)** or **Social Security Number**, as well as your **First Name, Middle Initial, and Last Name**.
- Please check whether or not the address you are writing on this document is new.
- Print your **Mailing Address, City, State and Zip Code**, as well as a **Daytime Phone Number**.
- Multiple Retirement Benefits Information – Indicate which retirement benefit(s) you want affected by this change. If you are unsure how to complete this section, please contact the Division of Retirement and Benefits at the numbers listed at the top of the form.

SECTION III. BANK ACCOUNT INFORMATION

- Indicate whether you wish to have funds deposited into your checking or your savings account. **Select only one.**
- Enter the **Routing Number** and the **Account Number**.
- If you select **Checking**, attach a voided, pre-printed personalized check with your name and address as an attachment to this form. If you are not able to provide a voided, pre-printed personalized check, you must take the form to your financial institution and have them complete the **Financial Institution** information in the space indicated.
- If you select **Savings**, you must take the form to your financial institution and have them complete the **Financial Institution** information in the space indicated.

NOTE: Your financial institution must be a member of the Automated Clearing House Association to accept a direct deposit from DRB. DRB cannot make direct deposits to a bank or financial institution outside of the United States.

SECTION IV. APPLICANT CERTIFICATION

- **Sign** your legal name as the authorizing payee or authorized legal representative. **Date** the form with the current date. All requested information must be completed and form **must be signed** to initiate an electronic deposit. Items left blank will delay processing the transfer of funds. Authorized legal representatives must have appropriate documentation on file with the Division of Retirement and Benefits.

SUBMITTING THE FORM

- You may fax the form to the fax number listed at the top of the form.
- You may scan and then email the form to doa.drb.payroll@alaska.gov.
- You may mail the form to the address listed at the top of the form, attention "Retiree Payroll Section."