General Board of Pension and Health Benefits
of The United Methodist Church

Caring For Those Who Serve

1201 Davis Street
Evanston, Illinois 60201-4118
1-800-851-2201
www.gbophb.org

Depository Agreement for Payments

Part 1 – General Information. Please type or print.

Name _____ Social Security # _____

Address _____ Conference/employer _____

_____ Primary phone # ( ) _____

❑ ✓ here if new home address. Effective date _____ E-mail _____

Country of citizenship _____

Part 2 – Authorization For Automatic Deposits. To be completed by participant.

I, the undersigned, am receiving retirement plan, death or disability payment(s) from the General Board of Pension and Health Benefits (General Board). This depository agreement will remain in effect until I submit a new depository agreement, my series of distributions/benefits cease or I die. I hereby authorize the General Board to forward such payments by electronic funds transfer to the financial institution indicated below to be credited to my *(check one)*:

❑ Checking account ❑ Savings account

This depository agreement applies to my:

- **Retirement plans:** ❑ Annuity payments ❑ Cash installments ❑ One-time payment
- **Comprehensive Protection Plan (CPP)/Basic Protection Plan (BPP):** ❑ Disability payments ❑ School certificates ❑ 12 Death payments

Financial institution name _____ Financial institution phone # ( ) _____
(must be located in the United States)

Financial Institution's Transit Routing Number

(located on lower left corner of check or savings deposit slip)

Account Number Information

(located on lower middle part of check or deposit slip—do not include check number as part of account number)

I understand that if my financial institution does not accept electronic transfers, the General Board will mail my checks to my address on file.

If any funds to which I am not entitled shall have been received and collected by the financial institution from the General Board, I, or we (with respect to joint accounts) hereby authorize and direct the financial institution to refund the same to the General Board and charge such refund payments to my, or our, above account or any other account of mine, or to the extent money has been withdrawn from the above account by any other of the undersigned, to charge such refund payments to any other account which we, individually or jointly, may have in such financial institution.

This authority is to remain in full effect until the General Board has received written notification from me of its termination in such time and manner as to afford the General Board a reasonable opportunity to act on it, or until the General Board has sent me a ten (10) day advance written notice of the General Board's termination of this arrangement. I understand that this form must be received by the General Board by the tenth business day before the end of the month to be effective for next month's deposit. (***Note:*** *All persons having an interest in the above account must sign.*)

Signature _____ Date _____

Signature of joint account holder, if any _____ Date _____