

**HANFORD SITE PENSION PLANS
DIRECT DEPOSIT AUTHORIZATION
O&E / HAMTC / HGU**

Name (Last, First, MI)	Payroll No.	SSN
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This form should be used to notify the Administrator of the Hanford Site Pension Plans that all future retirement benefit payments should be deposited directly in a financial institution. Your request will be processed under established Administrative procedures. The Administrator of the Hanford Site Pension Plans assumes no responsibility for delay in depositing.

NOTE: Direct deposit option for lump sum is for direct distribution only.

INSTRUCTIONS

Please deposit all pension benefits payable to me to the account specified below:

**PLEASE HAVE YOUR BANK VERIFY THE ROUTING AND ACCOUNT INFORMATION TO ENSURE THEY ARE
CORRECT FOR SETTING UP DIRECT DEPOSITS.**

Check one: Checking Savings

Account Number _____

Transit Routing Number _____

Institution Name _____
at which the above account has been established.

Institution Address:

Street _____

City, State, Zip _____

Telephone Number _____

Participant Signature _____ Date _____

Street Address _____ Home Phone _____

City, State, Zip _____

This direct deposit instruction shall remain in effect until canceled in writing.

Return form to: Hanford Site Pension Plans
Attn: Benefits Accounting
PO Box 650, H3-08
Richland, WA 99352

KEEP A COPY FOR YOUR RECORDS.

OFFICIAL USE ONLY