

THE ARCHDIOCESE OF SAN FRANCISCO RETIREMENT PLAN FOR PRIESTS and/or
THE ARCHDIOCESE OF SAN FRANCISCO SUPPLEMENTAL RETIREMENT PLAN FOR PRIESTS
BANK DEPOSIT INSTRUCTION

1. Please forward the pension payment to the banking institution indicated below in the following manner:

Check one: **BY MAIL:** _____ **BY ACH:** _____

THE _____ FOR DEPOSIT

NAME OF BANK

TO CHECKING ACCOUNT NUMBER: _____

TO SAVINGS ACCOUNT NUMBER: _____

ROUTING NUMBER (FOR ACH DEPOSIT) _____

FOR THE BENEFIT OF: _____

NAME OF PARTICIPANT

NAME OF BANK

BANK ADDRESS

CITY

STATE

ZIP CODE

This bank confirms its ABA routing number and the participant's account number, and agrees to accept direct deposit of the subject pension payments.

This bank will return any funds not payable under the terms of the plan and trust agreement of **The Archdiocese of San Francisco Retirement Plan for Priests** or **The Archdiocese of San Francisco Supplemental Retirement Plan for Priests** upon request by the trustee or payor for the plan(s).

- 2. The foregoing instructions shall remain in full force and effect until the death of the participant or until revoked in writing by the participant, whichever is earlier.
- 3. A void check or deposit slip, for the account shown above, is attached.

AUTHORIZED BANK REPRESENTATIVE

PARTICIPANT

SIGNATURE

PARTICIPANT'S SIGNATURE

PRINT NAME

ADDRESS

TITLE

CITY

PHONE NUMBER

CO-TENANT'S SIGNATURE
(required if account is jointly held)

DATE

DATE

Return this signed form, with a void check or deposit slip, to:
Pension Services Division
530 Bush Street, Suite 500
San Francisco, CA 94108
(800) 867-0780