

KENTUCKY TEACHERS' RETIREMENT SYSTEM

479 Versailles Road, Frankfort, KY 40601 | 1.800.618.1687 | FAX 502.573.0199

Authorization for Direct Deposit of KTRS Annuity

IMPORTANT INSTRUCTIONS - This form is to be used **ONLY** for retirement annuity payments.

If you wish to have your monthly annuity sent directly to your financial institution for deposit to your savings or checking account, both you and the financial institution must complete this form to authorize this action. The financial institution may be any bank, savings and loan association, or similar institution. KTRS does NOT deposit to Trust Accounts.

Section I

To Be Completed by Recipient

A. Name of Recipient (person receiving annuity)		B. Recipient's Mailing Address with City/State/Zip	
C. Recipient's Social Security Number*	D. Recipient's Phone Number	E. Account Number for Direct Deposit	
F. Type of Account (please check one) <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	G. The above listed address is the address I want all future KTRS correspondence mailed. (except regular monthly annuities) <input type="checkbox"/> YES or <input type="checkbox"/> NO		
H. By signing below, I authorize and request that KTRS direct deposit the net amount of my monthly annuity to the account indicated above, at the financial institution designated in Section III.			
Signature		Printed Name	Date

* KTRS member may use their KTRS Member ID Number.

Section II

Complete this section **ONLY** if the benefit recipient named in Section I is **NOT** the member who worked and contributed to KTRS. If inapplicable, forward this authorization to your financial institution.

I. Member's Name (Person who contributed to KTRS)	J. KTRS Member ID Number or Social Security Number
K. Name of Parent, Guardian, Power of Attorney, etc.	L. Phone Number of Name of Parent, Guardian, Power of Attorney, etc.

Section III

To Be Completed by Financial Institution ONLY

We, the below designated financial institution, hereby agree to receive and accept full responsibility for depositing monthly annuity checks to the account number shown for the above named recipient. We understand that in the event of death of the above named recipient, we are to notify Kentucky Teachers' Retirement System.

Name of Financial Institution	Phone Number	Type of Account (Checking, Savings etc.)
Name of Account Holder	Routing Number	Account Number as to be coded for EFT
Signature of Financial Institution Officer	Printed Name & Title	Date of Signature



THIS FORM ONLY AUTHORIZES DEPOSITS INTO YOUR ACCOUNT. IT DOES NOT AUTHORIZE WITHDRAWALS FROM YOUR ACCOUNT!

Additional Instructions on page 2...

INSTRUCTIONS

Section I - Retired Members need only to complete this section.

- A. Print the name of the person to whom the payment is made. Do not put the name of parent, guardian, power of attorney, etc. in this area.
- B. Print the full mailing address of the named recipient.
- C. Print the KTRS Member ID number or Social Security number of the RECIPIENT who is receiving the monthly annuity.
- D. Print the phone number of the recipient named in Item "A".
- E. Show the account number in which the payment is to be deposited. If you do not know your account number, it may be obtained from your financial institution.
- F. Check the type of account listed in Item "E".
- G. If "YES" is selected, we will change your home address in our records to the address on this form.
- H. The named recipient or person designated in Section I must sign and date this form.

Section II - Complete this section ONLY if the recipient named in Section I is NOT the member who worked in a KTRS-covered position and contributed to KTRS. If inapplicable, forward this authorization to your financial institution.

- I. Print the name of the member who actually worked and contributed to the Kentucky Teachers' Retirement System (KTRS).
- J. Print the KTRS Member ID Number or Social Security Number of the member who actually worked and contributed to KTRS.
- K. Print the name of the surviving parent, guardian, power of attorney, etc.
- L. Print the telephone number of the person named in Item "I".

Section III - To Be Completed by Financial Institution ONLY

After completing the Section I (& Section II if necessary), you will need to **take this form to your financial institution for completion of Section III**. Keep a copy for yourself and forward the original copy to KTRS.

Please MAIL this form to:

Kentucky Teachers' Retirement System
479 Versailles Road
Frankfort, KY 40601-3800

OR FAX this form to:

502/573-0199