F: 671.475.8922



DEFINED CONTRIBUTION PLAN PAYMENT AUTHORIZATION FOR GOVERNMENT OF GUAM APPROPRIATED BENEFITS

DIRECTIONS

A. To receive your benefit payments by Direct Deposit:

- $1. \ \, \text{Complete Section 1.A. through 1.G.}$ 2. For joint accounts, both account
- holder(s) must complete Section 1.H. 3. Take or mail this payment authorization form to your financial institution. The financial institution will:

REPRESENTATIVE'S PRINTED NAME & DATE

- 3. i. Verify the information in Section 1.F. through 1.G., and 1.H. as applicable; and ii. Complete Section 2.
- 4. You, or your financial institution if they offer such service, must return the completed form to the Retirement Fund at the address above.
- B. To receive your benefit payments by International Wire Transfer (Generally for those banking with non-U.S. financial institutions.)
 1. Complete Section 1.A. through 1.G.

 - 2. Complete Section 3; and
 - 3. Authorize the deduction of the applicable transfer fee from your benefit by affixing your signature in Section 3.C.

RETIREE'S/SURVIVOR'S SIGNATURE & DATE

SECTION 1 (To be completed by Defined Contribution Plan Retiree or Survivor)					
	NAME OF RETIREMENT FUND RETIREE OR SURVIVOR	RETIREE OR SURVIVOR CERTIFICATION			
A.	ENTITLED TO PAYMENT	u.	I hereby authorize the Government of Guam Retirement Fund to effect the payment option		
		in Block E for crediting to my account indicated at the financial institution designated i		-	
			Section 2 or Section 3. I nevertheless acknowledge that my account indicated does not constitute an assignment nor a tr	-	
			payment, and is made for my sole convenience and benefit. T		
	Last First M.I.		prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to		
В.	. IDENTIFICATION NUMBER (Social Security Number)		me; however, this authorization will remain in effect with the Government of Guam		
	, ,		Retirement Fund until cancelled by written notice from understand 4 GCA §8169 which states:	me. I also	have read and
				falao atatam	ont on folgifica
C.	CURRENT MAILING ADDRESS (Include Zip Code)		4 GCA §8169. Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to		
			defraud the system, is guilty of a misdemeanor and shall be punishable		
			therefore under the laws of the government of Guam, a		
			the right to recover any payments made under false re	epresentatio	115.
			RETIREE / SURVIVOR/S SIGNATURE		DATE
D.	TELEPHONE NUMBER (Include area code for off-island numbers)		I. JOINT ACCOUNT HOLDER(S) CERTIFICATION		
			I/We acknowledge that I/we should immediately advise both the Government of Guam Retirement Fund and the financial institution of the death of the above-mentioned retiree or survivor. Funds deposited after the date of death or ineligibility of the retiree or survivor are to be returned to the Government of Guam Retirement Fund. I also have read		
	Area Code				
E.	ETHOD OF BENEFIT PAYMENT (Please mark (☑) Option 1 or 2):		and understand 4 GCA §8169, as stated in Section 1.G. above.		
	Effective Date:				
	Option 1: By Direct Deposit		JOINT ACCOUNT HOLDER'S PRINTED NAME & SIGNATURE		DATE
	(Financial Institution must complete Section 2 below.)				
	Option 2: By Wire Transfer	<u> </u>	JOINT ACCOUNT HOLDER'S PRINTED NAME & SIGNAT WITNESSED BY RETIREMENT FUND	TURE	DATE
E	(Retiree/Survivor must complete Section 3 below.)	1.	WIINESSED DI RETIREMENT FUND		
г.	NAME(S) ON ACCOUNT				
			GGRF REPRESENTATIVE'S PRINTED NAME & SIGNATI	URE	DATE
			J. NOTARIZATION (Unless signed by Retiree or Survivor in the presence of a		
			Government of Guam Retirement Fund representative, Notary is required.		
	TYPE OF DEPOSITOR ACCOUNT (Mark ☑ one.)		The retiree/survivor whose signature appears above, personally appeared before me on this		
	CHECKING SAVINGS		day of, 20,		
	CHECKING		presented satisfactory identification, and after		
	DEPOSITOR ACCOUNT NUMBER (Attach a voided check or deposit slip, if		being duly sworn, acknowledged to me this to be		
	available)		his/her freely given act and deed.		
		-	SIGNATURE OF NOTARY PUBLIC	ΝΟΤΔΙ	RY SEAL
SECTION 2. FINANCIAL INSTITUTION CERTIFICATION SECTION 3. FOR INTERNATIONAL WIRE TRANSFI					
FOR DIRECT DEPOSIT			RECIPIENT DETAILS		
A.	NAME AND ADDRESS OF FINANCIAL INSTITUTION		RETIREE/SURVIVOR'S NAME:		COUNTRY:
			PHYSICAL ADDRESS (REQUIRED):		
B.	ROUTING NUMBER CHECK DIGIT				
		В.	BENEFICIARY BANK DETAILS		
C.	DEPOSITOR ACCOUNT TITLE (NAME(S) ON ACCOUNT)	1	BENEFICIARY BANK NAME:		COUNTRY:
			PHYSICAL ADDRESS (REQUIRED):		
_	ENANCIAL INCREMENTAL CERTIFICATION	I			
D. FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named Government of Guam Defined Contribution					
	Plan retiree or survivor, joint account holder(s), and their account number(s) and				
	title(s) in Section 1.F. As representative of the above-named financial institution, I		2.1.11.11.000011.11.01.12.21.11	OR BANK ID	ENTIFICATION
	certify that the financial institution agrees to receive and deposit the payment		CODE (BIC):		
	identified above.				
			RETIREE'S / SURVIVOR'S AUTHORIZATION		
			By signing below, I acknowledge there is a \$25 wire transfer fee per transfer, and authorize the Government of Guam Retirement Fund to deduct such fee from the benefit I am entitled to receive.		
REPRESENTATIVE'S SIGNATURE PHONE NUMBER					

FAX NUMBER