

PAYMENT AUTHORIZATION FOR GOVERNMENT OF GUAM RETIREMENT FUND BENEFITS

DIRECTIONS

- To sign up for full benefit payments by check (to be picked up or mailed to you), please complete Section 1 below, and return the completed payment authorization form to the Retirement Fund.
- To sign up for full benefit payments to your account at a financial institution, please complete Section 1 below. If your account is a joint account, the joint account holder(s) must complete Section 2.A. Then take or mail this payment authorization form to your financial institution. The financial institution will verify the information in Section 1 and/or Section 2.A, and will complete Section 3. The financial institution will return the completed payment authorization form to the Retirement Fund for processing.
- To sign up for partial payments to third parties, by electronic funds transfer only, please complete Section 1 below, then take the completed payment authorization form to the third party for verification and acknowledgement in Section 2.B. Once the third party has acknowledged this payment authorization, take or mail this payment authorization form to the financial institution. The financial institution will verify the information in Section 2.B and will complete Section 3. The financial institution will return the completed payment authorization form to the Retirement Fund for processing.
- **NOTE: Pay periods are the 15th and the end of each month.** If authorization received ON or BEFORE the 2nd, payment will be made effective on the 15th of the month. If authorization received ON or BEFORE the 17th, payment will be made effective at the end of the month.

SECTION 1 (TO BE COMPLETED BY RETIREMENT FUND RETIREE OR SURVIVOR)

<p>A. NAME OF RETIREMENT FUND RETIREE OR SURVIVOR (Survivor entitled to payment)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Last First M.I.</i></p>	<p>F. ACCOUNT NAME</p> <p>_____</p>
<p>B. CURRENT MAILING ADDRESS (Include Zip Code)</p> <p>_____</p>	<p>G. TYPE OF DEPOSITOR ACCOUNT</p> <p><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p>DEPOSITOR ACCOUNT NUMBER (Attach a voided check or deposit slip, if available)</p> <p>_____</p>
<p>C. TELEPHONE NUMBER (include area code for off-island numbers)</p> <p style="text-align: center;">()</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Area Code</i></p>	<p>H. RETIREE OR SURVIVOR CERTIFICATION</p> <p>I hereby authorize and request the Government of Guam Retirement Fund to effect the method and amount of payment options in Block E or to direct the net amount of my recurring Retirement Fund benefit payment for crediting in my account indicated at the financial institution designated in Section 3. I understand that my right to a retirement annuity, disability annuity, survivor's annuity or benefit, death benefit, any other benefit or refund is personal to me, and that the assignment or transfer of such benefit, refund, or any part thereof shall be void pursuant to Title 4, §8166 of the Guam Code Annotated. I nevertheless acknowledge that my authorization to credit the account indicated above does not constitute an assignment nor a transfer of my right to receive payment, and is made for my sole convenience and benefit. This authorization revokes all 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 me; however, this authorization will remain in effect with the Government of Guam Retirement Fund until canceled by written notice from me. I also have read and understood 4 G.C.A. §8169 which states:</p> <p style="text-align: center;">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 therefor under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.</p> <p style="text-align: center;">_____ SIGNATURE of Retiree/Survivor DATE</p>
<p>D. IDENTIFICATION NUMBER (Social Security Number)</p> <p>_____</p>	<p>I. WITNESSED BY RETIREMENT FUND</p> <p>_____ SIGNATURE of Retirement Fund Representative DATE</p> <p>_____ PRINT NAME of Retirement Fund Representative DATE</p>
<p>E. METHOD AND AMOUNT OF PAYMENT (Please indicate Option 1 or 2): Effective Date: _____</p> <p><input type="checkbox"/> Option 1: Full Benefit Payment (please indicate payment method below)</p> <p style="padding-left: 20px;"><input type="checkbox"/> by Direct Deposit (to Checking/Savings Account)</p> <p style="padding-left: 20px;"><input type="checkbox"/> by Check Mail Code: _____ (picked up at Retirement Fund)</p> <p style="padding-left: 20px;"><input type="checkbox"/> by Check Mail Code: _____ (mailed to current mailing address)</p> <p><input type="checkbox"/> Option 2: Partial Benefit Payment to Third Parties (please complete A and B)</p> <p style="padding-left: 20px;">A. Partial Benefit Payment by Direct Deposit to Financial Institution Accounts. Partial benefit payments may be deposited in certain third party accounts at selected financial institutions, subject to the discretion of the Board of Trustees of the Retirement Fund. \$ _____ semi-monthly to third party name: _____</p> <p style="padding-left: 20px;">B. Remainder of Benefit Payment (please indicate payment method below)</p> <p style="padding-left: 40px;"><input type="checkbox"/> by Direct Deposit to Checking/Savings Account</p> <p style="padding-left: 40px;"><input type="checkbox"/> by Check Mail Code: _____ (picked up at Retirement Fund)</p> <p style="padding-left: 40px;"><input type="checkbox"/> by Check Mail Code: _____ (mailed to current mailing address)</p>	<p>J. NOTARIZATION (Unless signed by retiree or survivor in the presence of a Government of Guam Retirement Fund representative, Notary is Required)</p> <p>GUAM U.S.A.</p> <p>The retiree/survivor whose signature appears above personally appeared before me on this _____ day of _____, presented satisfactory identification, and, after being duly sworn, acknowledged to me this to be his/her freely given act and deed.</p> <p style="text-align: center;">_____ Signature of Notary Public</p> <p style="text-align: right;">Notary Seal</p>



PAYMENT AUTHORIZATION FOR GOVERNMENT OF GUAM RETIREMENT FUND BENEFITS
(continued)

SECTION 2 (TO BE COMPLETED BY JOINT ACCOUNT HOLDER(S) OR THIRD PARTY PAYEE ACCOUNT HOLDER(S))

<p>A. JOINT ACCOUNT HOLDER(S) CERTIFICATION</p> <p>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. The Retirement Fund will then make a determination regarding survivor rights, calculate survivor or death benefit payments, if any, and begin payments. I/We have read and understood 4 G.C.A. §8169 which states:</p> <p>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 therefor under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.</p> <p>_____ PRINT NAME of Joint Account Holder</p> <p>_____ SIGNATURE of Joint Account Holder DATE</p> <p>_____ PRINT NAME of Joint Account Holder</p> <p>_____ SIGNATURE of Joint Account Holder DATE</p>	<p>B. THIRD PARTY VERIFICATION AND ACKNOWLEDGEMENT</p> <p>The undersigned confirms its account number and title named below and hereby acknowledges that the undersigned has no enforceable right in, or to, any Retirement Fund benefit payment or portion thereof, except to the extent of payments actually received pursuant to the terms of a payment authorization by such retirees and/or survivors. The undersigned also has read and understood 4 G.C.A. §8169 which states:</p> <p>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 therefor under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.</p> <p>_____ PRINT NAME of Third Party Account Holder</p> <p>_____ SIGNATURE of Third Party Account Holder DATE</p> <p>_____ Client Account Number</p> <p>C. THIRD PARTY ACCOUNT NUMBER (Attach a voided check or deposit slip, if available)</p> <p><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p> <p>_____</p>
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION FOR THIRD PARTY PAYMENTS AND RETURNED TO THE RETIREMENT FUND)

<p>A. NAME AND ADDRESS OF FINANCIAL INSTITUTION</p>	<p>B. ROUTING NUMBER CHECK DIGIT</p> <p>□ □ □ □ — □ □ □ □ □</p>
<p>C. DEPOSITOR ACCOUNT TITLE</p>	
<p>D. FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named Retirement Fund retiree or survivor, or third party payee account holder(s) where applicable, and their account number(s) and title(s) in Section 2.B. and 2.C. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above, in accordance with 4 G.C.A. §8166 and the regulations thereto.</p>	
<p>PRINT OR TYPE REPRESENTATIVE'S NAME</p>	<p>TELEPHONE NUMBER</p>
<p>SIGNATURE OF REPRESENTATIVE</p>	<p>DATE FACSIMILE NUMBER</p>

(TO BE COMPLETED BY FINANCIAL INSTITUTION FOR EFT DEPOSIT FOR RETIREE AND RETURNED TO THE RETIREMENT FUND)

<p>A. NAME AND ADDRESS OF FINANCIAL INSTITUTION</p>	<p>B. ROUTING NUMBER CHECK DIGIT</p> <p>□ □ □ □ — □ □ □ □ □</p>
<p>C. DEPOSITOR ACCOUNT TITLE</p>	
<p>D. FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named Retirement Fund retiree or survivor, joint account holder(s), and their account number(s) and title(s) in Section 1.F. and 1.G. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above, in accordance with 4 G.C.A. §8166 and the regulations thereto.</p>	
<p>PRINT OR TYPE REPRESENTATIVE'S NAME</p>	<p>TELEPHONE NUMBER</p>
<p>SIGNATURE OF REPRESENTATIVE</p>	<p>DATE FACSIMILE NUMBER</p>