



# Electronic Fund Transfers (ACH Credits)

Use only for automated minimum distributions and periodic payments.

## Massachusetts Deferred Compensation SMART Plan

98966-01

### Payee Information

Last Name			First Name			MI			Social Security Number								
Address - Number & Street												E-Mail Address					
City				State		Zip Code											
( ) Home Phone				( ) Work Phone													

### Financial Institution Information

Financial Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

- Checking Account - must attach preprinted voided check
- Savings Account - must attach preprinted voided deposit slip

Account Number \_\_\_\_\_ Routing/ABA Number \_\_\_\_\_

**Note:** You may not designate a business account or an IRA. For direct rollovers to an IRA, contact your Representative for the appropriate form.



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

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### Payee Authorization

Automated Clearing House (ACH) is a form of electronic funds transfer by which Service Provider can transfer your payments directly to your financial institution.

Allow at least 15 days from the date Service Provider receives a properly completed Electronic Fund Transfers form to begin using ACH for your payments. Upon receipt of a properly completed Electronic Fund Transfers form, Service Provider will notify your financial institution of your ACH request with the account information you have provided. The pre-notification process takes approximately 10 days. Your financial institution will confirm with Service Provider that the account and routing information you submitted is correct and it will accept the ACH transfer. After this confirmation is received, your payments will be transferred to your financial institution within 2 days of the first payment date. If your payments are withdrawn from investment options that are subject to time delays upon withdrawal, the deposit to your financial institution may be delayed accordingly. In the event of a change to your payment, your electronic funds transfer may be subject to a delay, and a check will be sent to your last known address on file with Service Provider.

If the pre-notification is rejected by your financial institution, you will be notified and checks will be mailed directly to you until you submit a new Electronic Fund Transfers form. As a result, it is important that you continue to notify Service Provider in writing of any changes to your mailing address.

I hereby authorize Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated above, and the financial institution, in the form of an electronic fund transfer, to credit and/or debit the same to such account. I understand that Service Provider will make payments in accordance with the directions I have specified on this form until I cancel this agreement in writing. Notice of cancellation must be made by me at least 30 days prior to a payment date for the cancellation to be effective with respect to my subsequent payments. I understand that Service Provider reserves the right to terminate the authorization agreement for electronic fund transfers for any reason and will notify me in the event of such termination by sending notice to my last known address on file with Service Provider. I acknowledge that it is my obligation to notify Service Provider of any address or other changes affecting my electronic fund transfers during my lifetime. I am solely responsible for any liability that may arise out of my failure to provide such notification affecting my electronic fund transfers. I agree that Service Provider is not liable for payments made by Service Provider in accordance with this properly completed Electronic Fund Transfers form. I hereby authorize and direct my financial institution not to hold any overpayments made by Service Provider on my behalf or on behalf of my estate or any current or future joint accountholder, if applicable.

I understand that if this form is not properly completed, Service Provider will make payments by check directly to me at my last known mailing address on file with Service Provider.

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Date

**Payee forward to Service Provider at:**

Great-West Retirement Services<sup>®</sup>  
PO Box 173764, Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-877-457-1900

**Fax #:** 1-866-745-5766

Great-West Retirement Services<sup>®</sup> refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.