

## Depository Agreement for Payments

---

You can manage your automatic deposits via [www.benefitsaccess.org](http://www.benefitsaccess.org)—go to “Take Action”.

### Part 1 – General Information *Please type or print.*

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_ Conference/employer \_\_\_\_\_  
 \_\_\_\_\_ Primary phone # ( ) \_\_\_\_\_  
 Check here if new home address. Effective date \_\_\_\_\_ E-mail \_\_\_\_\_  
 Country of citizenship \_\_\_\_\_

---

### Part 2 – Depository Account Information

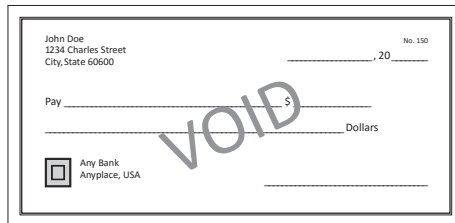
Submit a separate depository agreement for each account to which you would like to have payments deposited. (Either check “all payments” or check boxes for payments to which this form applies.)

**All payments**

<b>Retirement plans:</b> <input type="checkbox"/> Annuity payments <input type="checkbox"/> Cash installments <input type="checkbox"/> One-time distribution	<b>Comprehensive Protection Plan (CPP)/Basic Protection Plan (BPP):</b> <input type="checkbox"/> Disability payments <input type="checkbox"/> School certificates <input type="checkbox"/> 12 death payments
---	---

Financial institution name \_\_\_\_\_ Financial institution phone # ( ) \_\_\_\_\_  
*(must be located in the United States)*

**Attach a voided check here.**



To deposit funds into a savings account, set up your deposits online at [www.benefitsaccess.org](http://www.benefitsaccess.org).

---

### Part 3 – Authorization

I am receiving retirement plan, death or disability payment(s) from Wespath Benefits and Investments (Wespath). I hereby authorize Wespath to forward such payments by electronic funds transfer to the financial institution indicated above. If amounts to which I am not entitled are erroneously credited to my depository account, I agree to return such deposits to Wespath and I authorize Wespath to automatically reverse such deposits.

I understand that this form must be received by Wespath by the tenth (10<sup>th</sup>) business day before the end of the month to be effective for next month’s deposit. This depository agreement will remain in effect until I submit a new depository agreement or my series of payments cease.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and send it by:

- E-mail (scanned copy) to [distributionteam@wespath.org](mailto:distributionteam@wespath.org) or
- Fax to **1-847-866-2736** or
- Mail to Wespath Benefits and Investments, Distribution Team  
1901 Chestnut Ave., Glenview, IL 60025-1604

Be sure to keep a copy for your records.