DIRECT DEPOSIT FOR MONTHLY BENEFIT

UCRS 160 (R8/12) University of California Human Resources

Send completed form to: UC Human Resources P.O. Box 24570 Oakland, CA 94623-1570

Use this form to begin, change or cancel the electronic deposit of your monthly benefit. There may be a waiting period before your direct deposit change takes effect, determined by monthly processing deadlines.

1. PERSONAL INFORMATION (Please complete	te entire section)				
NAME (Last, First, Middle Initial)	,	SOCIAL SECURITY NUM	BER DAYTIME PHONE ()		
MAILING ADDRESS (Number, Street)		CHANGE MY A	_	RP UC P	E (Check one) ERS VERIP UC 415(m)
(City, State, ZIP, Country)		STATUS (Check	ck all that apply) OTHER (NON-MEMBER) O / DISABLED SURVIVOR / CONTINGENT ANNUITANT		
2. ACTION AND ACCOUNT TYPE		<u>'</u>			
Action (check one):					
New enrollment Change my account. My current account will remain open until my new account is in effect.					
Cancel direct deposit Change my account. I have closed my account. Send my future checks to my mailing address until my new account is in effect.					
Account type for new enrollment or direct d	eposit change (check	one):			
Savings account (Complete Sections 4 and 5) Trust account (Must be grantor-type trust; tax I.D. number must be payee's SSN) check one box below:					
Checking account (Complete Sections 3 or 4 and 5) Trust savings account (Complete Sections 4 and 5)					nd 5)
Trust checking account (Complete Sections 3 or 4 and 5)					
3. FOR COMPLETION BY PAYEE (You must attach a voided printed check. Do not attach a deposit slip.)					
NAME OF FINANCIAL INSTITUTION	adorra voidou printou oriooi	a. Do not allaon a dop	ACCOUNT NUMBER		
BRANCH NAME AND ADDRESS	BRANCH TELEPHONE NUMBER				
		()			
(City, State, ZIP)					
4. FOR COMPLETION BY FINANCIAL INSTI	TUTION				
NAME OF FINANCIAL INSTITUTION	ACCOUNT	NUMBER (Show the number	er exactly as required for	direct deposit.)	
	()			
BRANCH NAME AND A\DDRESS BRANCH TELEPHONE NUMBER BANK TRANSIT ROUTING NUMBER I confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, I certify					
that the financial institution agrees to receive and			e of the above-na	amed financi	al institution, I certify
SIGNATURE OF REPRESENTATIVE PRINT / TYPE REPRESENTATIVE'S NAME DATE					
5. CERTIFICATION AND AUTHORIZATION (S	Signature(s) required)		JOINT ACCOU	NT HOLDE	R'S CERTIFICATION
I certify that I am entitled to the payment identifies stand the information and instructions on this for payments to be sent to my financial institution an nated. If the account designated is a trust account number is my Social Security number. I authorize account for any amounts transmitted in error or a withdrawn following my date of death, I authorize the name and address of the person(s) responsite that if deposits are being made to a joint account "Joint Account Holder's Certification" see account specified above becomes a joint account must complete a new form. I understand that this cancel it by submitting a new form.	and above, and that I have and In signing this form, I and deposited to the account, I also certify that the are UC Retirement Administrator my death. If the funds a my financial institution to ble for withdrawing the furbunt, the other account at (or if the joint account h	authorize my nt I have desig- ccount tax I.D. tration to debit my s have been o release to UC nds. I understand holder must sign agree that if the older changes), I	I certify that I hat named at left di University any paccount that he	ave read this es, I agree to payments de or she was UCRS of th	s form. If the payee or refund to the posited in our not entitled to receive. e death of the UCRS
SIGNATURE OF PAYEE DATE			DATE		
FOR UC HUMAN RESOURCES USE ONLY	4000UNT NUME ==				
TRANSIT ROUTING NUMBER	ACCOUNT NUMBER		TRANSACTION TY	E	
INPUT BY	DATE	AUDITED BY			DATE

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.