



Direct Deposit Authorization

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

See page 2 for important direct deposit information. **All information, unless otherwise noted, is required.**

Information About You	
Name (first, middle, last, former/maiden)	ETF Member ID or Last 4 Digits of SSN
Provide the most recent WRS-covered employer you (or the original participant) worked for:	If you are a beneficiary: Provide original participant's ETF Member ID or Last 4 digits of SSN
If you have multiple accounts at ETF, please check one: <input type="checkbox"/> Apply to all accounts <input type="checkbox"/> Apply to the following benefit account ID(s): _____	
Address (Street or PO Box, city, state, ZIP code) <input type="checkbox"/> Check here if your address has changed.	Telephone, inc. area code
Email address	

New Account Information	
New Financial Institution	Owner(s) of New Account (<i>Cannot</i> be a Trust)
New Routing Number [][][][][][][][][][]	New Account Number (do not include check number) <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Money market account

Most Recent Account Information	
If currently receiving ETF payments via direct deposit, provide the account where your most recent payment was deposited. <input type="checkbox"/> Check this box if you are currently receiving paper checks from ETF. (Do not complete most recent information.)	
Most Recent Financial Institution	
Most Recent Routing Number [][][][][][][][][][]	Most Recent Account Number <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account <input type="checkbox"/> Money market account

Authorization	
I authorize the Department of Employee Trust Funds and the financial institution named above to automatically deposit funds I am entitled to receive into my account. I authorize the financial institution to return any funds deposited to my account and ETF to initiate correction (debit) entries for any funds that I am not eligible to receive, including any deposits made after my death. I authorize the financial institution to disclose information regarding my account to ETF to resolve transfer problems upon ETF's request. This authorization will remain in effect until I cancel it in writing.	
Signature	Date (MM/DD/YYYY)

Suggested documentation:

Please attach a letter from your new financial institution (including routing and account number), or if new account is checking please attach a voided check.

The diagram shows a voided check with the word "VOID" in large letters across the center. Labels with arrows point to specific fields: "Routing number" points to the routing number field (250250025), "Account number" points to the account number field (202020086), and "Do not include check number" points to the check number field (022). The check also includes a date field, a pay to the order of field, a dollar amount field, and a dollars field.

Direct Deposit Information

Changing Accounts

If you are changing your account number at your **current** financial institution, *you may call ETF with your new account number instead of submitting this authorization form.*

When initially establishing direct deposit or changing an existing direct deposit by changing your financial institution (changing both the transit routing number and account number), ETF must receive your request in writing and *your request must contain your signature.*

Send the Completed Form To:

Wisconsin Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
Or
Fax to: 608-267-4549

Multiple Annuity Accounts with ETF

If you have more than one ETF annuity account, ETF can electronically transfer all payments to one financial institution account. Each account will be a separate transfer to your financial institution account.

Acceptable Financial Institutions

ETF can electronically transfer your annuity payment to any financial institution participating in the National ACH system. ETF cannot transfer payments internationally.

Wait to Close Your Existing Account

You will receive a notification letter by mail, once ETF has received your request. ETF must validate your direct deposit through the Automated Clearing House (ACH) system. This may take up to thirty (30) days. Wait to close your old account until you have received your payment in the new account.

Legally Designated Representatives

A person with power of attorney or a court appointed guardian of the annuitant's estate (not of the person) may sign for the annuitant if a copy of the legal appointment paper is on file at ETF or accompanies the direct deposit authorization. Guardianship papers submitted must have been certified within the last six months. Trustees authorized through trust agreements are not acceptable.

Benefit Assignment

ETF can either deposit your payment into a financial institution account held in your name or an account owned by a representative payee, nursing home, religious order or other designated entity approved by the department. Accounts owned solely by Trusts will not be accepted. If another person holds an interest in your account, identify this person on the direct deposit authorization form. If any person who holds an interest in your account changes, notify ETF of the change in account ownership.

Upon your death, the other owner of your account must immediately notify ETF and your financial institution. Please share this information with the other owner of your account.

Confirmation of Direct Deposit

Your annuity payment will be available for deposit to your account on the *first business day of the month.* Contact your financial institution to confirm your annuity payment deposit to your account.

Direct Rollovers for Lump-Sum Payments Only

Direct deposit is *not* available for direct rollovers. If you elect a direct rollover, a check will be mailed to the address on your rollover application made out to the new institution for the benefit of your name.

Additional Information

If you have questions or concerns, you may contact ETF at 1-877-533-5020.

The information requested on this form is authorized for collection by §40.03(2)(h) and will be used by ETF for the sole purpose of processing the request. Your providing of personally identifiable information, such as a Social Security number (SSN), is discretionary. Not providing all information requested on this form may result in a processing delay.