



Direct Deposit (ACH)
401(a) Plan

Use black or blue ink when completing this form. Use only for Automated Minimum Distributions and Periodic Payments. For questions regarding this form, visit the Web site at www.ccoera.org or contact Service Provider at 1-800-352-0313.

CCOERA 401(A) Plan 98721-01

A Participant Information
Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.
Social Security Number (Must provide all 9 digits)
Last Name First Name M.I. Daytime Phone Number
Email Address Alternate Phone Number

B Financial Institution Information (A business account or an IRA may not be designated.)
Checking Account - Attach a copy of a preprinted voided check for the receiving account or letter on financial institution letterhead signed by a representative from the receiving institution which includes my name, checking account number and ABA routing number.
Savings Account - Attach a letter on financial institution letterhead signed by a representative from the receiving institution which includes my name, savings account number and ABA routing number.
Automated Clearing House (ACH) credit can only be made into a United States financial institution. Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

C Participant Consent
Allow at least 15 days from the date Service Provider receives a properly completed Direct Deposit form to begin using ACH for your payments.
By requesting my distribution via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of the ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country.
I hereby authorize the initiation of credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account at the financial institution as referenced in the attached documentation, in the form of an ACH transfer.
I understand that if this form is not completed properly, payments will be made by check and mailed directly to me at my last known mailing address on file.
Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.
Participant Signature Date (Required)

D Mailing Instructions
This form can be sent by
Fax to: 1-866-745-5766 OR Regular Mail to: Great-West Retirement Services, PO Box 173764, Denver, CO 80217-3764 OR Express Mail to: Great-West Retirement Services, 8515 E. Orchard Road, Greenwood Village, CO 80111

Great-West FinancialSM refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FAScore, LLC (FAScore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, 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, Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FAScore, LLC.

