



Direct Deposit (ACH)
Governmental 457(b) 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 457 Plan 98721-02

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.

Account Extension

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 payments will be made in accordance with the directions I have specified on this form until I cancel this agreement in writing.

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.

