

Please allow up to 30 days after the *Direct Deposit Agreement* is received by MSRS for your benefit payment to be electronically transferred to your financial institution.

**All future Minnesota State Retirement System (MSRS) payments will be deposited according to this agreement.**

## 1. Information about you

Last name	First name	MI	Account ID or SSN
Street address			
City		State	Zip code
Home phone		Alternate phone	

Check here if this is an address change

## 2. Plan selection

Please select the box below to indicate the MSRS plan(s) to which this direct deposit request should apply.

All MSRS administered plans

If not "all" please select the Plan(s) this direct deposit request should be applied to:

- MSRS monthly retirement benefit
- Minnesota Deferred Compensation Plan (MNDCP) payments (650251)
- Health Care Savings Plan (HCSP) reimbursements (650254)
- Hennepin County Supplemental Plan payments (650252)

## 3. Financial institution and account information

Before completing this section, please contact your financial institution to verify all information, specifically the transit routing number and account number.

Name of financial institution \_\_\_\_\_

Street Address \_\_\_\_\_

City, state and zip code \_\_\_\_\_

Financial institution telephone number \_\_\_\_\_

Account type: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Transit Routing number

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Account number

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## 4. Joint account information

Is this a joint account? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please complete the following:	
Joint account holder's name, address, Social Security number	Joint account holder's name, address, Social Security number

## 5. Your signature

I request that my payments be electronically transferred to my account in a financial institution associated with the National Automated Clearinghouse Association, or a successor. This agreement remains in effect until cancelled by me or upon my death or legal incapacity. I direct the financial institution to refund to the Minnesota State Retirement System any money paid by it to which I was not entitled. I have notified any joint account holder(s) of the obligation to repay any overpayment to this account after my death if the overpayment is not repaid by the financial institution.

Data collected on this form will be used by MSRS staff for identification and documentation. The individual's Social Security number, birth date and address are classified as private and will not be shared with an unauthorized person without written consent.

Payee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month / Day / Year

INTERNAL USE ONLY:

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Effective Date: \_\_\_\_\_



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[www.msrs.state.mn.us](http://www.msrs.state.mn.us)

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1-800-627-3529, and ask to be connected to MSRS at 651-296-2761