



available from
 Municipal Employees' Retirement System of Michigan
 1134 Municipal Way Lansing MI 48917 (800) 767-6377

Request for Change EFT of Annuity Payout

provided by
 Standard Insurance Company
 1100 SW Sixth Avenue Portland OR 97204-1093

1 Contract Identification

POLICY NUMBER			
PAYOR NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE

2 Change Request

Discontinue Electronic Funds Transfer

I understand that it may take one to two cycles, until all necessary transactions have been completed between Standard Insurance Company and my financial institution, for the funds transfer to be discontinued. I further understand that once this request is processed I will receive any remaining payments by check through the U.S. mail to the address on file.

Change Financial Institution (Complete section 3.)

I authorize and request that Standard Insurance Company electronically deposit payments into the designated account shown above. I authorize Standard Insurance Company to: (a) contact my financial institution to confirm the information above; and (b) resolve deposit problems. I understand that deposits will be delayed if I do not provide accurate and complete information on this form. This authorization will remain in full force and effect until I: (a) revoke it; or (b) it otherwise ends; as provided for below.

I agree to notify Standard Insurance Company as soon as reasonably possible of any changes to my account. I understand that if my account is closed or if the account number is changed: (a) this agreement will end; and (b) Standard Insurance Company will not be liable for any consequences of the failure to transfer to my account. If this agreement ends, I understand that any remaining payments will be made by check until a new designated account is set up.

I understand that I may continue to receive payment checks through the U.S. mail for one to two more payment cycles, until all necessary transactions have been completed between: (a) Standard Insurance Company; and (b) my financial institution. I further understand that my deposits may not be posted to my account until the evening of the due date.

I may end this authorization at any time. If I choose to do so, I will contact Standard Insurance Company at the address or telephone number shown above.

I am attaching: (a) an original void check (if I designated a checking account); or (b) a photocopy of that part of the statement that verifies my name and account number (if I designated a savings account). I understand that: (a) a photocopy of a check or a deposit slip is not sufficient; and (b) Standard Insurance Company will make deposits to only one account on my behalf.

3 Financial Institution Account (Complete only for a change of institution.)

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION TYPE <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings and Loan	
NAME ON ACCOUNT	ACCOUNT TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT NUMBER

4 Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate.

_____	_____
PAYOR SIGNATURE	DATE

Attach Void Check or Account Statement