



Institutional Fund Distribution Request (for RHFV or ISP programs)

This form is used for distribution requests. Please indicate whether your request is for direct bank deposit or wire deposit and complete instructions below. Requests can generally be processed within three business days. In some circumstances (dollar amount or investment fund allocation at the time of distribution), requests may take 60-90 days for processing.

If you have any questions, please contact MERS Service Center at 800.767.MERS (6377).

Please print • Retain a copy for your records

1. Employer information

Municipality name*	Municipality number*	Division number*
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2. Payment option

Distribution amount: \$	<input type="checkbox"/> Bank Deposit: Check here to instruct deposit to be made directly into the following bank account <input type="checkbox"/> Wire Deposit: Check here to instruct deposit to be made directly into the following wire instructions
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3. Banking information

Receiving bank name:	
Bank ABA routing number:	Bank account number:
Special notes:	

4. Certification and signature

1. I certify that I am an authorized contact by designation of my governing body.
2. I certify that the expenses by which I am initiating a distribution are to cover expenses associated with the retiree health care benefit (or pension obligations for ISP) offered through this municipality.
3. I understand that the reimbursement will be directed by Alerus Financial, working on behalf of MERS.
4. I understand that it is the responsibility of the authorized contact to validate the funds requested for distribution meet the requirements for health care expenses as outlined in the Trust (for RHFV), or in the Resolution (for ISP)
5. I understand that, based on asset amount or allocation, my request for distribution may take up to 90 days to process.

NOTE: MERS recommends municipalities file supporting documentation for audit purposes.

First name (authorized signator)	Last name (authorized signator)
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Authorized signature*	Date (mm/dd/yyyy)*
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For distribution requests over \$100,000, a second signature is required by another authorized contact from the municipality. This could be another Primary, Finance, or HR contact at your municipality, or a current board or committee member.

First name (secondary signator)	Last name (secondary signator)	Position or Title (secondary signator)
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Secondary signature	Date (mm/dd/yyyy)*
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Employer: Please log in to the MERS Employer Portal at www.mersofmich.com and submit this form securely by selecting the applicable Plan and using the Submit Files link in the left-hand navigation.

* Required field