

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION CHECKS

PART 1 – TO BE COMPLETED BY RETIREE

AC : _____ Certificate # : _____

SOCIAL SECURITY NUMBER

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RETIREE NAME _____

HOME ADDRESS _____

DAYTIME TELEPHONE () _____

IS THIS A NEW ADDRESS? YES _____ NO _____ EFFECTIVE DATE OF CHANGE _____

IS THIS THE RETIREE'S PHYSICAL ADDRESS FOR TAX REPORTING? YES _____ NO _____

I AM THE RETIREE UNDER THE ABOVE CONTRACT NUMBER AND I HEREBY REQUEST THAT UNTIL FURTHER WRITTEN NOTICE FROM ME IS FILED WITH AXA EQUITABLE, ALL PAYMENTS BE DIRECTLY DEPOSITED IN MY ACCOUNT AT THE BANK DESIGNATED BELOW. I AUTHORIZE THE BANK DESIGNATED TO DEBIT MY ACCOUNT AND TO REFUND ANY OVER-PAYMENTS TO AXA EQUITABLE.

RETIREE SIGNATURE _____ DATE _____

Please note: If you are signing this Bank change form as Power of Attorney or Guardian for the Retiree and you have not yet submitted the Power of Attorney document to AXA Equitable, please enclose a copy with this form. Thank you

PART 2 – ACCOUNT TYPE:

A. **CHECKING** (Attach a VOIDED Check) (If you are not attaching a voided check, the Bank must complete Section B.)

BANK NAME _____

BANK ADDRESS _____

B. To Be Completed by Bank

SAVINGS ACCOUNT : Information below to be completed by the Bank

CHECKING ACCOUNT : A voided check is not being attached. Information below to be completed by Bank

BANK NAME _____

BANK ADDRESS _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

BANK REPRESENTATIVE _____ TELEPHONE () _____