

RETIREMENT DIRECT DEPOSIT AUTHORIZATION AND INPUT FORM

CO-1068 REV. 7/2016

STATE OF CONNECTICUT
 OFFICE OF THE STATE COMPTROLLER
 RETIREMENT SERVICES DIVISION
 55 ELM STREET
 HARTFORD, CONNECTICUT 06106-1775
 Phone: 860-702-3480
 Fax: 860-702-3489

TO BE TYPED OR COMPLETED IN INK (please print legibly)

Save Time! Save Money! Go Green! Direct deposit guarantees your retirement funds will be available on the last business day of each month, eliminates the need for delivery by mail and the probability of lost, stolen or misplaced checks.

INSTRUCTIONS: If you are a new retiree, this form must be completed, signed and forwarded to the Retirement Services Division with your application for retirement.

If you are a current retiree, after completing and signing this form, forward the original to the Retirement Services Division at the address noted above. Please read the information below carefully before completing. Retain a copy of the completed form for your records.

(1) CHECK BOX IF YOU ARE A RETIRED MUNICIPAL EMPLOYEE <input type="checkbox"/>		
(2) RETIREE/ANNUITANT NUMBER (formerly employee number)	(3) RETIREE/ANNUITANT SOCIAL SECURITY NUMBER	
(4) RETIREE/ANNUITANT NAME (Last)	First Name	M.I.
(5) CURRENT MAILING ADDRESS (If change in address please complete Form CO-1082)		

DIRECT DEPOSIT ACCOUNT INFORMATION

(6) BANK NAME	(7) EFFECTIVE DATE OF CHANGE	
(8) ROUTING TRANSIT NUMBER (Must be 9 digits)	(9) ACCOUNT TYPE (Check one) CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>	(10) ACCOUNT NUMBER

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

Effective August 1, 2016, as a direct deposit participant you will receive a paper deposit advice statement when annual cost of living increases are awarded. You will be able to refer to your bank statement to verify your earnings. Written confirmation of your monthly retirement benefit may be obtained at any time by contacting the Retirement Services Division's Customer Service Center by phone at 860-702-3480, by fax at 860-702-3489 or by email at osc.rsd@ct.gov.

Your direct deposit can take up to two months to be processed following receipt of your request.

RETIREE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the State of Connecticut, hereinafter State, to electronically deposit my net benefit payment to the bank account named above. This authorization is to remain in full force and effect until the State receives a new direct deposit authorization from me in a reasonable time and manner as to afford the State, and the bank named above, sufficient opportunity to act upon it. In the event that the State notifies the bank that funds have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. In the event of my death, I authorize and direct the bank to reimburse the State for any amounts which I was not entitled to receive and which were deposited subsequent to my death.

I understand that my participation in this program does not relieve me of my obligation to notify the Retirement Services Division of any changes to my mailing address.

I have read, understand and agree to the above terms.

(11) RETIREE/ANNUITANT SIGNATURE	(12) TELEPHONE NUMBER	(13) DATE
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