



**MEMBER ID:** \_\_\_\_\_

Complete this form for Foreign Banking.

---

## PERSONAL INFORMATION

Name of Member (last, first, middle initial): \_\_\_\_\_ [ ] Rev. [ ] Dr.

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

---

## BANK INFORMATION

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_ Swift or BIC Number: \_\_\_\_\_

---

## SIGNATURE

I understand that by signing below, I am consenting to having my annuity benefits wired to my bank for deposit into my account. The wire transfer will be made on or by the first business day of each month. I understand the Pension Boards is not responsible for the actual deposit of the check into the account. I further understand that there is a \$35.00 wire transfer fee for each transaction, which will be deducted from each annuity payment.

Member Signature \_\_\_\_\_ Date: \_\_\_\_\_