



Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139
406-444-3134 ▪ 866-600-4045 ▪ trs.mt.gov

TRS Office Use Only

FORM 114: APPLICATION FOR ELECTRONIC DEPOSIT

Alternative accessible formats of this document will be provided upon request.

TYPE OR PRINT LEGIBLY IN DARK INK

MEMBER / BENEFIT RECIPIENT INFORMATION

Full Name: First		Middle	Last	Suffix (<i>Jr., Sr., etc.</i>)	<u> X X X - X X - </u> Last 4 Digits of SSN
Maiden or Other Name Previously Reported to TRS			Birth Date (<i>mm/dd/yyyy</i>)	() Telephone Number	
Current Mailing Address – Street or P.O. Box		City	State	ZIP Code (<i>use Zip+4 if known</i>)	

Valid Account Types. TRS can electronically deposit your monthly benefit distributions to a **personal checking or savings account** that is **owned by you** and that is maintained with a United States-based commercial bank, savings and loan, or credit union. It is your responsibility to ensure your account meets these criteria.

Ineligible Account Types. TRS will **not** electronically deposit your monthly benefits to a business account, trust account, investment account, or any other account that does not satisfy the requirements stated in “Valid Account Types,” above. TRS cannot make electronic deposits to a branch of a U.S.-based financial institution that is located outside the U.S.

FINANCIAL INSTITUTION INFORMATION - read entire form carefully before completing

Name of financial institution (<i>must be located within the United States</i>)	() Telephone number of financial institution
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Mailing Address of U.S.-based financial institution: Street or P.O. Box City State ZIP Code (*use Zip+4 if known*)

1. Account Type (*mark only one*):

Personal Checking **Personal Savings:** 9-digit Routing Number: _____
Attach a voided check Account Number: _____

2. Does the account have a **joint owner / beneficiary**? No Yes – You **MUST** complete the Joint Owner/Beneficiary section on Page 2 ▶

If you marked Personal Checking above:
 You must attach a voided check (not a deposit slip)
 in this space using clear tape only.

The bank routing number and account number must be clearly visible.

CONTINUE TO PAGE 2

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Signature required



Montana Teachers' Retirement System

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If you answered Yes to Question #2 (Page 1): Read instructions below and complete the box at right.

Accounts With Joint Owners or Pay-on-Death Beneficiaries. TRS can electronically deposit your monthly benefits to a valid personal checking or savings account that has a joint owner or a pay-on-death beneficiary. If the answer to Question 2 on the previous page is Yes, complete the “*Joint Owner / Pay-on-Death Beneficiary*” section at right. You must also:

- Notify TRS immediately if any joint owner or pay-on-death beneficiary is changed or added, and
- Inform the joint owner/beneficiary that they must (1) notify TRS and the financial institution immediately if you pass away, and (2) return to TRS any funds deposited after your date of death or last day of eligibility for benefits as instructed by TRS.

JOINT OWNER / PAY-ON-DEATH BENEFICIARY
 Complete this box if Question 2 (page 1) above is marked “Yes”

Joint Owner/Beneficiary's Full Name
 • If multiple joint owners/beneficiaries, use another sheet of paper.

Joint Owner/Beneficiary's Mailing Address:

Street or P.O. Box

City State ZIP (use Zip+4 if known)

Phone No.: (_____) _____

Timing of Electronic Deposits. TRS will begin electronically depositing your monthly benefit payments to the account you have specified within 60 days of receipt of this properly completed application.

- *Note:* If you previously authorized electronic deposit and are requesting a change on this form, **do not close your old account until your first payment has been deposited to your new account.**

After your first electronic deposit is processed, TRS will mail a check stub to the address we currently have on file for you. The stub will indicate the deposit amount and date. Thereafter, TRS will mail you a check stub only when your net monthly deposit amount changes.

AUTHORIZATION AND CERTIFICATION

I hereby authorize the Montana Teachers' Retirement System to initiate electronic deposits of my monthly benefit distributions to my account at the financial institution designated on this form, and:

- I certify that the account I have designated is a **personal checking or savings account owned by me** and maintained with a United States financial institution that is a commercial bank, savings and loan, or credit union. If distribution is to a branch of such financial institution, I certify that my deposits are made to a branch located in the United States.
- I certify that, if my designated account has a joint owner or a pay-on-death beneficiary, I have completed the “*Joint Owner / Pay-on-Death Beneficiary*” box above and I have advised the joint owner or pay-on-death beneficiary (or beneficiaries) of their obligations as described in the instructions.

Sign on ONE line only, according to your role:

Sign here if you are the TRS benefit recipient

TRS Benefit Recipient's Signature	Date

Sign here if you are the REPRESENTATIVE of the TRS benefit recipient

Representative's Signature	Date

▶ Signing as: POA Guardian Conservator Custodian
 (Check one box only and attach documentation of your authority as the TRS benefit recipient's representative)