



HRSA-ILA Annuity & Savings Plan

780333-01

When would I use this form?

When I am requesting to have Direct Deposit (ACH) information established on my Automated Minimum Distributions and Periodic Payments.

Additional Information

- For questions regarding this form, visit the website at empowermyretirement.com or contact Service Provider at 1-833-569-2433.
Use black or blue ink when completing this form.

A Participant Information

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

U.S Social Security/U.S Taxpayer Identification Number (Must provide all 9 digits)

Last Name, First Name, M.I., Daytime Phone Number, Alternate Phone Number, Email Address

B Financial Institution Information (A business account or an IRA may not be designated.)

The name on my checking/savings account MUST match the name on file with Service Provider.

- Checking Account - Attach a copy of a preprinted voided check for the receiving account or letter on financial institution letterhead signed by a representative from the receiving institution which includes my name, checking account number and ABA routing number.
Savings Account - Attach a letter on financial institution letterhead signed by a representative from the receiving institution which includes my name, savings account number and ABA routing number.

An Automated Clearing House (ACH) request cannot be sent to a prepaid debit card, business account or other retirement Plan. ACH credit can only be made into a United States financial institution. Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

C Participant Consent (Please sign on the 'Participant Signature' line below.)

I understand that to establish Direct Deposit via ACH, I must have my signature notarized or witnessed by my Plan Administrator below. If my signature is not notarized or witnessed, ACH will not be established on my account and a check will be mailed to the address of record, if applicable.

Allow at least 15 days from the date Service Provider receives a properly completed Direct Deposit form to begin using ACH for your payments.
By entering banking information, I authorize Service Provider to access records from public and proprietary sources in order to validate that I am the owner of the bank account. This process will not affect my credit.
By requesting my distribution via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of the ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country.
I hereby authorize the initiation of credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account at the financial institution as referenced in the attached documentation, in the form of an ACH transfer.

Last Name

First Name

M.I.

Social Security Number

C Participant Consent *(Please sign on the 'Participant Signature' line below.)*

I understand that if this form is not completed properly, payments will be made by check and mailed directly to me at my last known mailing address on file.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Before signing this form: My signature must be notarized by a Notary Public or witnessed by my authorized Plan Administrator if I am requesting Direct Deposit via ACH. If I use a Notary Public, the date that I sign this form must match the date of the Notary Public signature.

Participant Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and ACH will not be established.

The date of your signature on this form above must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. If your notary completes a separate jurat or notarial certificate, you must still sign on the above signature line and enter the date on this form.

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's name. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary

NOTE: Notary seal must be visible.

This request was subscribed and sworn *(or affirmed)* to before me

State of _____) on this _____ day of _____, year _____, by

SEAL

)ss. **(name of participant)** _____

County/Parish/Borough proved to me on the basis of satisfactory evidence to be the person who

of _____) appeared before me.

Notary Public's signature _____ My commission expires ____ / ____ / ____

A handwritten signature is required on this form. An electronic signature will not be accepted and ACH will not be established.

Notary Public's full name _____ Telephone number _____

My Plan Administrator Witnessing My Signature *(Please sign on the 'Plan Administrator' line below.)*

Only necessary if Notary signature is NOT obtained where indicated above.

If the participant request includes instructions for Direct Deposit via ACH and the participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.

I represent that I am an authorized signer on behalf of the above-name Plan and have an authority to instruct Service Provider to process this form.

Plan Administrator Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name _____

D Delivery Instructions

This form can be

Uploaded Electronically:

Login to account at
empowermyretirement.com
Click on Upload Documents to submit

OR

Sent Regular Mail to:

Empower
PO Box 56025
Boston, MA 02205-6025

OR

Sent Express Mail to:

Empower
8515 E. Orchard Road
Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSL is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.