

**Louisiana Assessors' Retirement Fund**  
 P.O. Box 14699  
 Baton Rouge, LA 70898  
 Telephone: (225) 928-8886 Toll Free 1-800-928-4446

**AUTHORIZATION FOR DIRECT DEPOSIT**

Please type or print in ink. INSTRUCTIONS ON PAGE 2

**Section I: To be completed by Payee (LARF Member, Items A through G below)**

I hereby authorize and request the Louisiana Assessors' Retirement Fund (LARF) to direct the net amount of my monthly benefit payment for crediting my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments.

I further authorize LARF to initiate electronic funds transfer debit transaction to retrieve payments sent but not due in the event that my death has occurred. I further authorize the financial institution (bank) to release to LARF on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holder, and names and mailing addresses of individuals who have power of attorney to withdraw funds from my account.

If my death should occur prior to the due date of any payment which is made by LARF in compliance with this Authorization for Direct Deposit, the below named financial institution shall refund such payments to LARF. I certify that I am entitled to the payment identified herein and that I have read and understand the provisions on the first and second pages of this form.

A. Name of payee	B. Social Security number
C. Mailing Address of payee (number, street or post office box number)	
D. City, state & zip code	E. Payee's daytime area code/telephone number
F. Signature of payee or legal authorized representative of payee	C. Date

**Section II: To be completed by Joint Payee (Items A through H below)**

I, being a joint signee on the bank account of the above named individual, accept the responsibility of notifying LARF of the death of the above named Payee, and I agree to accept full responsibility for returning any funds to LARF which were transmitted by LARF to the bank account after the death of the Payee. I certify that I have read the provisions on the first and second pages of this form, and that I fully understand the obligations contained herein and fully accept same..

A. Name of payee	B. Social Security Number of joint payee
C. Complete Street Address of joint payee (include apt. number)	
D. City, state, & zip code	E. Joint payee's daytime area code/telephone number
F. Signature of joint payee	D. Date
H. Relationship to payee	

**Section III: To be completed by Financial Institution ONLY (Items A through J below)**

In consideration of LARF making payments in accordance with the foregoing request without requiring the personal endorsement of the Payee, we hereby agree to repay and refund to LARF on demand, subject to disposition by law, the amount of any funds on deposit at the death of such Payee as sufficient evidence of the date of death. In the event that we learn of the Payee's death prior to LARF, we agree to notify LARF of the death and to return any payments received after death of Payee. Finally, we agree to honor Payee's request that LARF be permitted access to all information relative to Payee's account with this institution.

A. Name and complete address of financial institution	B. Type account: enter "C" if checking, "S" if savings: _____	
C: ' Check here if bank is not an Automated Clearing House (ACH) System member	Depositor account number	
D. If Joint Account, Please verify Name of Joint Signer	E. Date	F. Routing Number
G. Name of financial institution officer	H. Title	
I. Signature of financial institution officer	J. Area code/telephone number	

**RETIREMENT SYSTEM USE ONLY**

Verified by (System Analyst)

Date change made

## INSTRUCTIONS

Type or print (in ink), all information requested, with the exception of the legal signatures.

This form authorizes direct deposits into your account and is to be used only for Louisiana Assessors' Retirement Fund payments..

**Effective July 1, 1998, all monthly benefit payments must be deposited by electronic transfer (EFT). Adopted by LARF Board of Trustees 1/27/98.**

Deposits will be made by way of electronic funds transfer (EFT) from LARF's account to your account, provided your financial institution is a member of the Automated Clearing House (ACH) System.

### Section I - Payee Instructions

#### (Complete Items A - G)

**Item A** - Name of the person to whom the payment is made. This is the retiree, beneficiary, or survivor who is entitled to such payment.

**Item B** - Social Security number of the payee. The Social Security number is used to identify the payee's records and payment.

**Item C - D** - Mailing address of the payee named in Item A - Provide a complete address including an apartment number, P.O. Box and the zip code. This address must be kept current with LARF. Please notify LARF immediately when the address changes.

**Item E** - Area code and daytime telephone number of the payee named in Item A or the telephone number of the person who may represent the payee.

**Item F** - Sign and date the form. The signature must be that of the person named in Item A. If the payee is unable to sign, then the legal representative of the payee must sign this space. Papers declaring the legal representative must be on file in the office of LARF.

### Section II - Special Notice to Joint Payee

#### (Complete Items A - H)

Joint Payees must immediately advise LARF and the financial institution of the death of the Payee. Funds deposited after the death of the Payee must be returned to LARF. LARF will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments. After the death of the Payee, Joint Account Holders signing this form agree to be personally liable for any payments made to the financial institution which are not returned to LARF.

**Item H** - Is the joint payee a spouse, adult child, individual with power of attorney, friend? Be very specific.

### Section III Items A - J to be Completed ONLY by the Financial Institution

**Item A** - Complete name and address of the financial institution to which the payment will be sent (bank, savings and loan association, credit union, etc.) and the branch designation..

**Item B** - Identify the type of account and the account number in which this payment is to be deposited. The account may be either a checking ("C") or savings ("S") account. Attach a voided personal check or a blank personalized slip to verify payee's account number if possible.

**Item C** - Indicate if your organization is not a member of the ACH System.

**Item D** - Please verify the name of the joint payee, if this is a joint account.

### Payee Cancellation Instructions

This authorization remains in effect **until canceled by written notice** from the payee (or the legal representative, in the event of the death of the payee). *You may change the designation of your financial institution by completing and submitting a new authorization form.*

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MAIL TO:

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P.O. BOX 14699  
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