



**Electronic Fund Transfers (ACH Credits)**  
Use only for periodic payments and fixed annuity payments.

**Commonwealth of Virginia 457 Deferred Compensation Plan**

**650271**

**Payee Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address – Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( )

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ E-Mail Address

**Financial Institution Information**

Financial Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

( )

Checking Account  Savings Account

Account Number \_\_\_\_\_ Routing/ABA Number \_\_\_\_\_

**Attach VOIDED check here.**

**Note:** You may not designate a business account or an IRA. For direct rollovers to an IRA contact your Representative for the appropriate form.

**Payee Authorization**

Automated Clearing House (ACH) is a form of electronic funds transfer by which the Service Provider can transfer your payments directly to your financial institution. Allow at least 15 days from the date the Service Provider receives a properly completed Electronic Fund Transfers form to begin using ACH for your payments. Upon receipt of a properly completed Electronic Fund Transfers form, the Service Provider will notify your financial institution of your ACH request with the account information you have provided. The pre-notification process takes approximately 10 business days. Your financial institution will confirm with the Service Provider that the account and routing information you submitted is correct and it will accept the ACH transfer. After this confirmation is received, your payments will be transferred to your financial institution within 2 days of the first payment date. If your payments are withdrawn from investment options that are subject to time delays upon withdrawal, the deposit to your financial institution may be delayed accordingly. In the event of a change to your periodic payments, your electronic funds transfer may be subject to a delay, and a check will be sent to your last known address on file with the Service Provider.

If the pre-notification is rejected by your financial institution, you will be notified and checks will be mailed directly to you until you submit a new Electronic Fund Transfers form. As a result, it is important that you continue to notify the Service Provider in writing of any changes to your mailing address.

I hereby authorize the Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated above, and the financial institution, in the form of an electronic fund transfer, to credit and/or debit the same to such account. I understand that the Service Provider will make payments in accordance with the directions I have specified on this form until I cancel this agreement in writing. Notice of cancellation must be made by me at least 30 days prior to a payment date for the cancellation to be effective with respect to my subsequent payments. I understand that the Service Provider reserves the right to terminate the authorization agreement for electronic fund transfers for any reason and will notify me in the event of such termination by sending notice to my last known address on file with the Service Provider. I acknowledge that it is my obligation to notify the Service Provider of any address or other changes affecting my electronic fund transfers during my lifetime. I am solely responsible for any liability that may arise out of my failure to provide such notification affecting my electronic fund transfers. I agree that the Service Provider is not liable for payments made by the Service Provider in accordance with this properly completed Electronic Fund Transfers form. I hereby authorize and direct my financial institution not to hold any overpayments made by the Service Provider on my behalf or on behalf of my estate or any current or future joint accountholder, if applicable.

I understand that if this form is not properly completed, the Service Provider will make payments by check directly to me at my last known mailing address on file with the Service Provider.

**Payee Signature**

**Date**

**Payee forward to the Service Provider at:** ING Plan Administration  
Attn: Virginia Retirement Systems  
P.O. Box 56588, Jacksonville, FL 32241-6588  
**Phone #:** 1-VRS-DC-PLAN1 (1-877-327-5261)  
**Fax #:** 1-888-998-8954

**Express Delivery Address:**  
ING Plan Administration  
Attn: Virginia Retirement Systems  
8900 Freedom Commerce Parkway  
Jacksonville, FL 32256-8264