

INSTRUCTIONS FOR COMPLETING THE
“DIRECT DEPOSIT SIGN-UP FORM”

Do not change any pre-printed information on the form

SECTION 1 information to complete:

- A. Your Name, Address and Telephone Number.
- B. Leave “B” blank.
- C. Write your Social Security Number in “C”.
- D. Write the amount of the premium in “G” :
 - Option A \$11
 - Option B \$12
 - Option C \$13
 - Option D \$15

Sign and date the form on the left under “PAYEE/JOINT PAYEE CERTIFICATION”.

Take or send the original form to your payroll office.

Make a copy of the form and mail it with your application to:

Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828

Any questions? Call toll-free 1-800-221-3083

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

* To sign up for Direct Deposit, the payee is to fill in the information requested in Sections 1 and 2. Then take or mail the form to your payroll office.

* A separate form must be completed for each type of payment to be sent by Direct Deposit.

* The claim number and type of payment are printed on Government checks. This information is also stated on the beneficiary/annuitant award letters and other documents from the Government agency.

* Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| |
|--|
| A NAME OF PAYEE (last, first, middle initial) |
| ADDRESS (street, route, P.O. Box, etc.) |
| CITY STATE ZIPCODE |
| TELEPHONE NUMBER AREA CODE |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT |
| C CLAIM OR PAYROLL ID NUMBER Prefix Suffix |
| <p style="text-align: center;">PAYEE/JOINT PAYEE CERTIFICATION</p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form, I authorize my payment be sent to the financial institution named below to be deposited to the designated account.</p> |
| Signature Date |

| | | | | | | | | | | |
|---|---|---|--|--|--|---|---|--|---|--------------------------------------|
| D TYPE OR DEPOSITOR ACCOUNT CHECKING SAVINGS <p style="text-align: center;">X</p> | | | | | | | | | | |
| E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">7</td> </tr> </table> | 7 | 0 | 0 | 3 | 3 | 3 | 0 | 7 | | |
| 7 | 0 | 0 | 3 | 3 | 3 | 0 | 7 | | | |
| <p>F TYPE OF PAYMENT (<i>Check only one</i>)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Social Security</td> <td><input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Inc</td> <td><input type="checkbox"/> Mil. Active _____</td> </tr> <tr> <td><input type="checkbox"/> Railroad Retirement</td> <td><input type="checkbox"/> Mil. Retired _____</td> </tr> <tr> <td><input type="checkbox"/> Civil Service Retire (OPM)</td> <td><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td><input type="checkbox"/> VA Compensation or Pension</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> | <input type="checkbox"/> Social Security | <input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay | <input type="checkbox"/> Supplemental Security Inc | <input type="checkbox"/> Mil. Active _____ | <input type="checkbox"/> Railroad Retirement | <input type="checkbox"/> Mil. Retired _____ | <input type="checkbox"/> Civil Service Retire (OPM) | <input type="checkbox"/> Mil. Survivor _____ | <input type="checkbox"/> VA Compensation or Pension | <input type="checkbox"/> Other _____ |
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| <p>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">TYPE</td> <td style="width: 40%;">CHECKING</td> <td style="width: 30%;">AMOUNT \$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | TYPE | CHECKING | AMOUNT \$ | | | | | | | |
| TYPE | CHECKING | AMOUNT \$ | | | | | | | | |
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| | | | | | | | | | | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

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|------------------------|---------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
|------------------------|---------------------------|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | | | | | | | | | | |
|--|---|----------------|-------------|--|---|---|---|---|---|---|---|---|---|---|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION <p style="text-align: center;">VIRGINIA COMMERCE BANK ARLINGTON, VA 22207</p> | <table style="width: 100%;"> <tr> <td style="width: 80%;">ROUTING NUMBER</td> <td style="width: 20%;">CHECK DIGIT</td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">5</td> </tr> </table> </td> <td style="text-align: center;"> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">3</td> </tr> </table> </td> </tr> </table> | ROUTING NUMBER | CHECK DIGIT | <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">5</td> </tr> </table> | 0 | 5 | 6 | 0 | 0 | 5 | 2 | 5 | <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">3</td> </tr> </table> | 3 |
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| 0 | 5 | 6 | 0 | 0 | 5 | 2 | 5 | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| | DEPOSITOR ACCOUNT TITLE <p style="text-align: center;">MASS BENEFITS CONSULTANTS, INC.</p> | | | | | | | | | | | | | |
| <p style="text-align: center;">FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-name financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209 and 210.</p> | | | | | | | | | | | | | | |
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