



PLEASE READ CAREFULLY
BEFORE YOU BEGIN
TO FILL OUT THE
ELECTRONIC FUND TRANSFER (EFT) FORM

Instructions are provided on the EFT form, but to help you get ready to complete the form, here is a checklist:

1. Have your correct Social Security Number
2. Know your account number and type of account (Savings or Checking)
3. If you choose the checking account, please attach a voided check to the form.
4. If your account is a joint account, you will need the joint account holder's information and signature where indicated.

Once you have completed "Section 1" of the EFT form, take it to your bank or financial institution to complete Section 2. They will keep one copy and you will need to send the original to the San Francisco Employees' Retirement System, 1145 Market Street, 5th Floor, San Francisco, CA 94103.

If a new EFT is requested or a change in EFT account is requested, the current EFT record is invalidated and **checks will be mailed to your mailing address until the new EFT to the new account goes into effect.**

| IF EFT FORM IS RECEIVED BY: | CHECK MAILED TO MAILING ADDRESS | DATE 1 st EFT WILL BE EFFECTIVE: |
|-----------------------------|---------------------------------|---|
| January 11 | January 31 | February 28 |
| February 11 | February 28 | March 31 |
| March 11 | March 31 | April 30 |
| April 11 | April 30 | May 31 |
| May 11 | May 31 | June 30 |
| June 11 | June 30 | July 31 |
| July 11 | July 31 | August 31 |
| August 11 | August 31 | September 30 |
| September 11 | September 30 | October 31 |
| October 11 | October 31 | November 30 |
| November 11 | November 30 | December 31 |
| December 11 | December 31 | January 31 |



Electronic Funds Transfer (EFT) Authorization Form

SAN FRANCISCO EMPLOYEES' RETIREMENT SYSTEM (SFERS)
1145 MARKET STREET, 5TH FLOOR, SAN FRANCISCO, CA 94103

To sign up for EFT, please read the cover letter and fill in the information requested in Section 1. Then take this form to your financial institution for them to complete. Return the completed original of this form to SFERS at the address above.

Please advise SFERS of address changes so that you will receive your monthly EFT Advise Notice, annual tax statements, notices of elections of the Retirement Board, and other important benefit information.

SECTION 1 (to be completed by the payee)

| | | | |
|--|-------------|--|--|
| Name of SFERS Payee: | | SFERS Payee SSN: | SFERS Payee Retirement #: (if known) |
| Address: | | Joint Account Holder's Certification I certify that I have read this form and understand that I should advise both the SFERS and the financial institution of the death of the SFERS payee and that funds deposited after the date of death are to be refunded to SFERS. I further understand that failure to notify SFERS of the death of the payee could result in personal liability to me. | |
| Area Code/Phone Number: | | | |
| Payee's Certification I certify that I am entitled to a payment from SFERS and that I have read and understood the information on this form and instructions provided. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited from my account and refunded to SFERS. I further authorize this financial institution to provide SFERS with any changes to my home or mailing address. | | Name, Address, and Phone Number of Joint Account Holder: | |
| Signature of SFERS Payee | Date | Signature of Joint Account Holder | Date |

SECTION 2 (to be completed by the financial institution)

| | | | |
|--|--|---|--------------|
| Name and Address of Financial Institution: | | Transit Number: | |
| Branch Name and Number: | | Depositor Account Number (Please show exactly how the number should be recorded, including any necessary spaces, zeroes, or dashes.): | |
| Branch Phone Number: | | Type of Account: (Select only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Please attach a voided check) | |
| Financial Institution's Certification | | | |
| In consideration of SFERS making payments without requiring the payee's personal endorsement conveying the payment and without requiring other proof that the payee is alive on the date the payment falls due, we hereby agree to refund SFERS on demand, the amount of any payments we receive after the payee's date of death. We further agree to accept SFERS's certification as sufficient proof of the date of death. We further agree to provide SFERS any changes to the payee's home or mailing address. | | | |
| Signature of Financial Institution Representative: | | Print or Type Representative Name: | Date: |
| For staff use only <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation | | Reviewed _____ Entered: _____ Checked _____ | |