

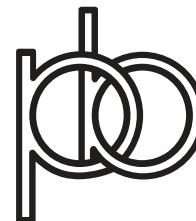
# The Pension Boards

United Church of Christ

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## Direct Deposit Agreement

PERSONAL INFORMATION					
Social Security Number	First name	Middle initial	Last name		
Address 1	City		State	Zip	Country
Address 2					
Address 3	E-mail address				
Telephone Number ( )					
INSTRUCTIONS					
<p>I am a member of The Annuity Plan for the United Church of Christ (the "Plan") and, as such, am entitled to recurring payments from The Pension Boards-United Church Christ, Inc. ("PBUCC") under such Plan. I understand that checks may be issued by PBUCC or on its behalf by Northern Trust.</p> <p>I hereby request, until further notice in writing from me, that all payments due me under the Plan be sent directly to the financial institution named below (the "Depository") for credit to my account, as listed below. I understand that payments can either be made by check and mailed to the Depository or electronically transferred.</p>					
DEPOSITORY INFORMATION					
Depository (Bank) name			Depository telephone number ( )		
Depository Address (Number and Street)			City	State	Zip
Account number			ACH bank routing number		
Indicate type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings    (Attach a voided check or savings deposit slip)					
JOINT TENANT INFORMATION					
<p><b>Single Name Account Agreement</b></p> <p><i>If Northern Trust - on behalf of the Pension Boards (PBUCC) - should make a payment by ACH electronic funds transfer, or any other method, subsequent to my death, I hereby agree, on behalf of my executors and administrators, that my estate will refund any such money to PBUCC. I hereby authorize and direct the Depository listed above, promptly upon demand of PBUCC, to return such payment to PBUCC and in the event such payment shall have been credited to my account to charge said account therefore (except to the extent that such charge shall create an overdraft in the account) and refund such payment to PBUCC.</i></p>			<p><b>Joint Name Account Agreement</b></p> <p><i>The undersigned, who is a joint tenant in the above-referenced account or holds a power-of-attorney over such account, hereby agrees that if any funds are credited to the account that represent a payment to the member under the Plan made subsequent to the death of such member, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to take action necessary to return such funds to PBUCC. The preceding two sentences shall not in any way diminish any rights that the undersigned may have to received any payment under the Plan.</i></p>		
Member's signature			Joint account holder's signature (Both signatures of joint accounts are required)		
Date			Date		