

**SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION**  
**REQUEST FOR DEPOSIT OF PENSION PAYMENTS**

Name of Pensioner: \_\_\_\_\_ SS No./Certificate No. \_\_\_\_\_

Depository Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bank's Transit Routing/ABA Number: \_\_\_\_\_

Pensioner's Depository Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name (s) on Account: \_\_\_\_\_

Request is hereby made to the Savings Banks Employees Retirement Association (SBERA), as follows:

That until SBERA receives notice in writing from me (either of us), all pension payments, as they become due, shall be deposited by SBERA to the credit of the above-designated Account in the Depository Bank. If it shall be found that, as to any payment the amount of which was deposited as herein provided, I (we) was/were not entitled thereto by reason of my (our) death(s) prior to the due date of such payment, I (we) hereby authorize and direct the said Depository Bank to refund the amount of any such deposit to SBERA, and to charge the Account the amount of any sum refunded.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Pensioner

\_\_\_\_\_  
Signature of Joint Pensioner

**PLEASE NOTE:** Under Joint Pension Options the Account must be in both names and both must sign this form.

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**Depository Bank Acknowledgement**  
(To Be Completed By Depository Bank)

We have noted the above request and instructions of the Pensioner(s), and hereby agree to refund to SBERA any payments deposited which, owing to the death(s) of the Pensioner(s) prior to the due date of such payment, shall not actually be due to said Pensioner(s).

Bank \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_  
Authorized Signature

**SBERA USE ONLY**

Date received \_\_\_\_\_ Effective Date \_\_\_\_\_ Entered By \_\_\_\_\_

Return To: **Savings Banks Employees Retirement Association**  
**P.O. Box 2069, Woburn, MA 01888-0169**