ASGERF

DIRECT DEPOSIT DETAILS FORM

PLEASE NOTE that we now have the ability to credit your monthly retirement amount to any financial institution in the U.S.A., provided that you include all relevant details requested on this form as per below.

TO: ASG RETIREMENT OFFICE
P.O. BOX 2448
PAGO PAGO
AMERICAN SAMOA 96799

DATE: _____ NAME OF RETIREE: _____

SSN: _____ CONTACT NO: _____

MAILING ADDRESS: _____

Until revoked by written notice by me, please arrange for my future monthly retirement annuity to be deposited into the following account:

Name of Institution: _____

Address of Institution: _____

Routing No. of Institution: _____

Account Name: _____

Account No: _____

Checking Account: ☐ Savings Account: ☐ *Please check one*

I understand that if I have not provided ASG Retirement Office with the correct details for this direct deposit, my annuity will be unable to be processed via direct deposit.

Signed by Retiree: _____

_____agrees to accept all future monthly retirement annuities in the name of
Name of Institution

_____for purpose of deposit into his/her account as per the above details.
Name of Annuitan

Signed by Authorized Institution Signatory: _____

OFFICE USE ONLY

Received by ASGERF on_____ & processed on PGold by _____ on_____
Date *Date*