

Section 1. PAYEE INFORMATION (TO BE COMPLETED BY PAYEE)

NAME OF PAYEE (Last, First, MI)

SOCIAL SECURITY NUMBER

ADDRESS (Street, P.O. Box)

CITY, STATE, ZIP

TELEPHONE NUMBER w/Area Code

DATE

Section 2. DIRECT DEPOSIT SIGN-UP (TO BE COMPLETED BY PAYEE)

I certify that I have read, understood, and agreed to the back of this form, and I hereby request and authorize benefits payable to me from the Houston Municipal Employees Pension System (HMEPS) to be electronically deposited with the financial institution named below, in the following designated account.

ACCOUNT #	PAYEE SIGNATURE	DATE

Section 3. FINANCIAL INSTITUTION CERTIFICATION (To Be Completed By Financial Institution)

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP

_____ ROUTING NUMBER	_____ CHECK DIGIT	TYPE OF DEPOSITOR ACCOUNT ___ CHECKING ___ SAVINGS _____ DEPOSITOR ACCOUNT NUMBER
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In consideration of HMEPS making payments in accordance with the above request concerning direct deposit of funds, without requiring the personal endorsement of the payee and without requiring proof that the payee is alive on the date such payment(s) fall due, we agree to repay and refund to said HMEPS on demand, the amount of any such payments made to us and received by us, the due date of which shall occur subsequent to the date of death of the payee. We further agree to accept the certification of HMEPS as sufficient evidence as to the date of death of such payee.

INSTITUTION OFFICER'S PRINTED NAME & TITLE

INSTITUTION OFFICER'S SIGNATURE

TELEPHONE NUMBER w/Area Code

DATE

DIRECT DEPOSIT AGREEMENT

1. I understand that if I do qualify for the establishment of an account for the purpose of direct deposit of benefit payments from HMEPS, I must complete the "Payee Information" section and "Direct Deposit Sign-Up" section (Sections 1 & 2) on the reverse side of this form, and my financial institution must complete Section 3. I further understand that my request for direct deposit authorizes the following action:

- HMEPS shall serve as my attorney-in-fact for the purpose of depositing annuity payments through direct deposit in the account and financial institution indicated on the front of this form.
- HMEPS shall deduct from the designated account any amount deposited in error. Should the designated account be closed or contain insufficient funds to allow a deduction for amounts deposited in error, HMEPS may withhold any payments due me by HMEPS until such amount deposited in error is repaid.
- The financial institution, on my behalf, my joint account holder if any, and my estate, shall charge my account for amounts paid by HMEPS to which I was not entitled, and return such amounts to HMEPS.
- This agreement and power of attorney shall not terminate upon my disability.
- This authorization is to remain in effect until withdrawn by me in writing with sufficient notice to HMEPS to allow adequate time to effect termination.

Changing Financial Institutions and/or Accounts: I understand that to make any change to the account number or to change financial institutions requires that a new direct deposit enrollment application be completed. The new enrollment application, when processed, will cancel the enrollment at the previous financial institution or my prior account. I am aware that changing financial institutions and/or accounts could take up to 60 days to be effective, and that HMEPS recommends that I not close the old account until the first deposit is made to my new account or financial institution.

Benefit Recipient and Joint Account Holder Authorization for Recovery of Funds Deposited in Error: I understand that by signing this Electronic Funds Transfer Direct Deposit Enrollment Application, I, both for myself and my estate, and each joint account holder, if any, consent to allow HMEPS, through the designated financial institution, to debit my account in order to recover any HMEPS payments to which I was not entitled. This means of recovery shall not prevent HMEPS from utilizing any other lawful means to retrieve HMEPS payments to which I was not entitled. In the event of my death, the financial institution listed on the reverse side of this form will refund such payments not due the account.

Cancellation of Electronic Funds Transfer: I understand that to cancel this request, written notice from me must be received by HMEPS at least 30 days prior to the next payment date. I am aware that HMEPS reserves the right to discontinue or cancel this electronic funds transfer agreement at any time, and that written notice of the termination will be provided to me.

I further agree to keep HMEPS informed of my current resident address and understand that failure to do so may result in delay or cancellation of further payments due me.

The completed application should be returned to the following address (DO NOT FAX THE FORM):

Houston Municipal Employees Pension System
ATTN: Electronic Funds Transfer Processing
1111 Bagby, Suite 2450
Houston, TX 77002

Questions or problems should be directed to the address above or you may call HMEPS at (713) 595-0100.