



First State Trust Company  
 Delaware Corporate Center II  
 2 Righter Parkway, Suite 250  
 Wilmington, DE 19803

## DIRECT DEPOSIT OF BENEFIT PAYMENTS

Plan Name	Account #
Payee's Social Security Number	
Payee Name	
Home Address	
City	State                      Zip Code                      Ph. Number
Would you like to receive a notification (advice) of the direct deposit at the above home address?                      YES                      NO <b>(Please circle one)</b>	
<b>Bank Information:</b>	
Name	ACH Routing Number
Account Number	Checking                      Savings <b>(Please circle one)</b>
Address	
City	State                      Zip Code

I am the payee under the above-mentioned Plan, and I authorize First State Trust Company to directly deposit payments to me from the Plan to my account at the bank designated above. I authorize the bank designated above to debit my account and to refund any overpayments to First State Trust Company. This authorization will remain in effect until I have canceled it by notifying First State Trust Company in writing.

\_\_\_\_\_                      \_\_\_\_\_  
 Payee's Signature                      Date

If Joint Account: I agree to the above authorizations.

\_\_\_\_\_                      \_\_\_\_\_  
 Joint Account Signature                      Date

<b><u>This section must be completed <i>by your bank</i></u></b>		
We have noted the foregoing request and instructions and hereby agree to refund to First State Trust Company the amount of any payments received by us which did not actually become due and payable owing to the death of the Payee prior to the due date of the payments, or any other overpayments to which the Payee was not entitled, but in no event will we return more than is available in the Payee's account.		
Authorized Bank Signature	Ph. Number	Date