

DIRECT DEPOSIT AUTHORIZATION (ACH TRANSFER)

IMPORTANT: In an effort to avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within **24 hours** of attempting to contact you, a check will be issued as the default payment method.

INSTRUCTIONS FOR DIRECT DEPOSIT INTO BANK ACCOUNT

PARTICIPANT'S NAME: _____ SSN: _____

NAME OF FINANCIAL INSTITUTION: _____

BRANCH / ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

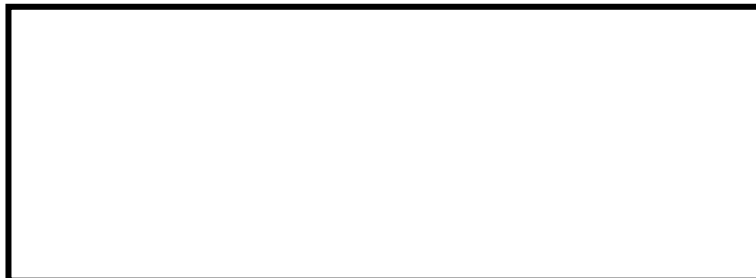
BANK PHONE: (____) _____ TYPE OF ACCOUNT Checking Savings

ABA / ROUTING NUMBER _____

ACCOUNT NUMBER _____

(Please call your bank for verification)

A VOIDED CHECK (checking account) OR DEPOSIT SLIP (savings account) MUST BE ATTACHED.
The following preprinted information must be included: participant's (or alternate payee's) name and address.
PLEASE NOTE that if this information is not received, then a check will be issued.



AUTHORIZATION

I hereby authorize payment using an automatic transfer by ACH to my account named above. The name on the check must match the participant's (or alternate payee's) signature. **NOTE: This option is not available for rollover distributions.**

SIGNATURE

DATE