ACH Update Request Form

Use this form to update bank account information associated with your retirement plan account for:

- the repayment of a plan account loan via automated clearinghouse (ACH) pulls from your bank account, or
- installment distribution payments sent from your plan account to your bank account via ACH.

If you need to add or update bank account information associated with your retirement plan account for any other reason (e.g., automated contributions from your bank account to a Traditional or Roth IRA), please contact Participant Services.

Section 1 - Participant Information

First Name:______________________ Middle Initial:_____ Last Name:______________________

Address:____

City:______________________________________ State:__________ Zip:___________

Participant's Social Security #:____

Section 2 - Plan and Account Information

Plan Name:__________________________________ Plan Number:____________________

Plan Type: ☐ 403(b) ☐ 457 ☐ Other:_____________________________________

Participant Account Number:____

Section 3 - Transaction Information

Please check the box for the transaction that this change applies to. If any information is missing your request may be delayed.

☐ **Loan Repayments**

Select this option to change the bank account from which your loan repayments are being pulled via ACH. Only select this option if you already have an outstanding loan on your retirement account that is being repaid by ACH debits from another bank account. (For information on how to model or request a new loan from your retirement plan, please contact Participant Services.)

Your bank account will be debited on the 15th day of each month, or the business day before or after, if the 15th is not a business day. In the event that any loan repayment cannot be processed due to insufficient funds, the debit may be re-requested, and insufficient funds fees may apply.

This change applies to the following loans:

Loan Number:____

Loan Number:____

Loan Number:____

Section 3 - Transaction Information (continued)

☐ **Installment Distribution Payments**

Select this option to change the bank account to which your installment payments from your retirement account are being sent. Only select this option if you are already receiving installment payments from your retirement account.

Installment distribution payments will continue to be made on the existing payment schedule. If a scheduled installment payment date falls on a non-business day, the payment will be processed on the business day before or after the scheduled installment payment date. In the event that a payment cannot be processed due to incorrect or insufficient banking information, the payment may be delayed until updating banking information is received.

Step 4: Banking Information

Please provide the information below regarding the bank account to be added to your retirement account for the transaction(s) designated in Step 3. **Please include a voided check or account confirmation on bank letterhead.**

Bank Name: ______________________________

Bank Address: ______________________________

City: ______________________ State: __________ Zip: __________

9-Digit Routing/ABA #: ☐☐☐☐☐☐☐☐☐

Bank Account #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name(s) on Account*: ______________________________
Participant Name must be on Account.

Account Type: ☐ Checking ☐ Savings

Section 5 - Authorization

By signing below, I hereby authorize the custodian and recordkeeper of the retirement account designated in Step 2 (and the agents of such entities) to initiate debit and/or credit ACH transactions related to the bank account designated in Step 4 related to the transaction(s) designated in Step 3. This authorization will remain in effect until the occurrence of one of the following: (i) I provide written notice, in a manner acceptable to the recordkeeper and custodian, to modify or terminate such authorization; (ii) in the case of loan repayment transactions, the applicable retirement plan loan(s) is/are fully repaid; or (iii) in the case of installment distribution payment transactions, the balance in my retirement plan is no longer sufficient to fund the applicable installment distribution payments.

______________________________ ______________
Signature Date

Return your completed form and supporting documentation via one of the following methods:

Via Form Submission Tool:
Return the completed form through the form submission tool at https://www.pcsretirement.com/aspire/ipx.

Via Standard Mail (USPS) to:
IPX Retirement
c/o PCS Retirement
PO BOX 7767
Philadelphia, PA 19101

Via Overnight Mail (UPS/FedEx) to:
IPX Retirement
c/o PCS Retirement
3000 Chestnut St., Unit 7767
Philadelphia, PA 19101