

ASSOCIATE REFORMED PRESBYTERIAN RETIREMENT PLAN

REQUEST AND AUTHORIZATION FOR DEPOSIT OF RETIREMENT BENEFIT

TO: SunTrust Bank, Trustee
Associate Reformed Presbyterian Retirement Plan
P.O. Box 4655
Atlanta, GA 30302-4655

I hereby request that all payments of retirement benefits due me from the Associate Reformed Presbyterian Retirement Plan be mailed or deposited to:

(Name and Address of Bank)

for deposit to:

(Name and Number of Account)

until further notice in writing to the Trustee. These instructions shall be effective as soon as practicable after receipt by the Trustee. (NOTE: Attach voided check or deposit slip.)

If any payments are made to me to which I am not entitled under the Plan because of my death prior to the date when such payments become due, then, for myself and my heirs, executors and assigns, I agree to repay and refund the amount of any such payments; and in furtherance of such obligation, I authorize and direct the said Bank to refund the amount of such payments to the disbursing agent for the Plan and to charge the same to my account.

(Date) (Participant's signature)

(Date) (Any other signatures required for withdrawal from account)

State of

County of, TO WIT:

I, a Notary Public in and for the County and State

aforesaid, do hereby certify that, who signed the foregoing writing bearing date the day of, 19, has this day acknowledged the same before me in the aforesaid County.

Given Under My Hand This day of, 19.

My Commission Expires: (Impress Seal Here)