

THE ARCHDIOCESE OF SAN FRANCISCO RETIREMENT PLAN FOR PRIESTS and/or
 THE ARCHDIOCESE OF SAN FRANCISCO SUPPLEMENTAL RETIREMENT PLAN FOR PRIESTS
BANK DEPOSIT INSTRUCTION

1. Please forward the pension payment to the banking institution indicated below in the following manner:

Check one: **BY MAIL:** _____ **BY ACH:** _____

THE _____ FOR DEPOSIT
 NAME OF BANK

TO CHECKING ACCOUNT NUMBER: _____

TO SAVINGS ACCOUNT NUMBER: _____

ROUTING NUMBER (FOR ACH DEPOSIT) _____

FOR THE BENEFIT OF: _____
 NAME OF PARTICIPANT

 NAME OF BANK

 BANK ADDRESS

 CITY STATE ZIP CODE

This bank confirms its ABA routing number and the participant's account number, and agrees to accept direct deposit of the subject pension payments.

This bank will return any funds not payable under the terms of the plan and trust agreement of **The Archdiocese of San Francisco Retirement Plan for Priests** or **The Archdiocese of San Francisco Supplemental Retirement Plan for Priests** upon request by the trustee or payor for the plan(s).

2. The foregoing instructions shall remain in full force and effect until the death of the participant or until revoked in writing by the participant, whichever is earlier.
3. A void check or deposit slip, for the account shown above, is attached.

AUTHORIZED BANK REPRESENTATIVE

PARTICIPANT

 SIGNATURE

 PARTICIPANT'S SIGNATURE

 PRINT NAME

 ADDRESS

 TITLE

 CITY

 PHONE NUMBER

 CO-TENANT'S SIGNATURE
 (required if account is jointly held)

 DATE

 DATE

Return this signed form, with a void check or deposit slip, to:
 Archdiocese of San Francisco
 Attention: Vicar for Clergy's Office, Priest Retirement Plan
 One Peter Yorke Way
 San Francisco CA, 94109