



STATE STREET GLOBAL ADVISORS

# Automated Clearing House System ("ACH") Request Form

Account Name:

Account #:

### AUTHORIZATION OF BENEFICIARY

As a beneficiary of an account at State Street, the undersigned hereby authorizes State Street to electronically transmit, by use of the Automated Clearing House System ("ACH"), distributions from the account directly to the bank account listed below. It is understood that ACH transfers do not provide same day availability. This authorization shall remain in effect until written notice is given to State Street Bank by the undersigned.

Name of Beneficiary (Please Print)

Street Address

Apt. # Or Floor

City

State

Zip Code

Signature of Beneficiary

Date

### FINANCIAL ORGANIZATION INFORMATION

Name of Bank

Bank Address

(City)

(State)

(Zip Code)

Depositor Account Number

Type of Account (please check one)

Checking

Savings

**IN ORDER TO COMPLETE THIS REQUEST, YOU MUST INCLUDE A VOIDED CHECK FROM THE CHECKING ACCOUNT OR PROVIDE THE TRANSIT ROUTING NUMBER (ABA NUMBER) FROM THE ACCOUNT TO WHICH YOUR PAYMENT WILL BE MADE.**

### FOR BANK USE ONLY

Account Number(s): \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Interested Party Number: \_\_\_\_\_



STATE STREET  
Serving Institutional Investors Worldwide