



# Trust Form for Direct Deposit

510-628-3000 • Fax: 510-268-9574 • Email: [www.acera.org/email](http://www.acera.org/email)

Complete this form only if you are requesting ACERA to send monthly retirement benefit payments to an account held in the name of a trust—either a Revocable Living Trust or an Income-Only (Miller) Trust established for Medi-Cal or Medicaid eligibility.

## SECTION 1

### Member Information

**Direct Deposit Is Mandatory**

Name		Last 4 of SSN	
Email Address		Date of Birth (mm/dd/yyyy)	
Address			
City	State	Zip	Country
Home/Cell Phone Number			

## SECTION 2

### Direct Deposit Payment Authorization for Trust Account

**No Foreign Bank Accounts**

To comply with NACHA regulations, ACERA cannot direct deposit funds with financial institutions outside of the territorial jurisdiction of the United States (all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries).

I authorize ACERA to direct deposit my monthly benefit payments to a trust account held in the name of:

Name of Trust	
Trust Identification Number (SSN or EIN)	Date Trust Was Executed (dd/mm/yyyy)
Trustee(s)	
Settlor(s)	
Sole Beneficiary(ies) During Lifetime	

**No Business Accounts**

Bank Name
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**No Investment Accounts**

Bank Address
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Select One:

Checking Account     Savings Account

ABA Routing Number (nine digits)	Account Number
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Your Name (First Name, Middle Initial, Last Name)	Date (mm/dd/yyyy)

**SECTION 3**

### Certification, Attachments, and Signature

**I certify under penalty of perjury that:**

- The trust is a revocable living trust or an income-only trust (Miller trust) that is controlled by me or was established for my benefit (or for the benefit of a deceased retired member’s survivor, if applicable) in order to qualify for Medi-Cal or comparable state Medicaid assistance.
- The trust is currently in effect and has not been revoked, amended, or modified in any way that would make the information in this form inaccurate.

**I further declare that:**

- I will immediately provide an updated Certification of Trust to ACERA if any changes occur to, including changes to the trustee(s), beneficiary(ies), or trust terms.
- I understand that benefits may only be paid to the trust during the lifetime of the retired member (or applicable survivor), and I agree to return any payments issued after the date of death.

#### Required Attachment: Certification of Trust

You must attach a signed Certification of Trust that may include the trust’s name and date, settlor and trustee identity, beneficiaries, powers of trustee, revocability, and tax ID number.

#### Required Attachment: Voided Check

Please provide a voided check (not a deposit slip). If you don’t have checks with your account, you may provide a letter from your bank on bank letterhead with your full name, full account number, routing number, and the type of account it is (checking or savings).

### Notices and Signature

**You Are Responsible for Accuracy:** Please ensure that your bank routing number, account number, and account type (checking or savings) are entered correctly. ACERA cannot recover funds if they are deposited into an incorrect account due to inaccurate information provided.

**Payment Recovery:** I understand that benefits are payable only during my lifetime and that ACERA will recover any payments issued after my date of death.

**Authorization:** This authority is to remain in full force and in effect until ACERA receives written notification from me of its termination or change.

Check this box if you are the Power of Attorney or Conservator\*

Signature	Date (mm/dd/yyyy)

\*Must have Power of Attorney Documentation in member’s file or submission with this form.



# How to Submit Your Form

510-628-3000 • 1-800-838-1932 • email: [www.acera.org/email](mailto:www.acera.org/email)

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## Use One of These Five Options

### OPTION A: Scan and Upload

1. **Print:** Print your form and sign it.
2. **Scan:** Install the free Adobe Scan app on your smartphone, and use it to create a single PDF of all pages of your form and any attached documents. Visit [www.acera.org/scan](http://www.acera.org/scan) for a tutorial and a link to get the app. (Alternatively, you can use a physical scanner to create a PDF.)
3. **Upload:** Use one of these two secure methods to upload:
  - a. Log in to your account at [www.acera.org/login](http://www.acera.org/login). Click Message Center > Send a New Message > Attach Files to upload your signed, scanned, PDF form. Write the name of the form in the message subject line. Click Send.
  - b. Or visit [www.acera.org/upload](http://www.acera.org/upload), to use DocuSign to upload a file without logging in.

### OPTION B: Quick Code (QIC)

Print your form and any attached documents, sign it, place it in a county Quick Code (QIC) envelope, and send it to ACERA at 22901.

### OPTION C: Fax

Fax your printed, signed form and any attached documents to 510-268-9574.

### OPTION D: Mail

Mail your printed, signed form and any attached documents to:

ACERA  
475 14th Street, Suite 1000  
Oakland, California 94612

### OPTION E: Drop It In Our Office Drop Box

Print your form, sign it, and submit the original copy and any attached documents in our drop box. Our drop box is in our office elevator lobby on the 10th floor of 475 14th Street in Oakland. The lobby is open during regular business hours, Mon-Fri 9:00am-4:30pm, excluding holidays. You don't need an appointment.