

AUTHORIZATION FOR DIRECT DEPOSIT

ACCOUNT #: 52-041986

ACCOUNT NAME: CSU FOUNDATION GIFT ANNUITY

AUTHORIZATION OF BENEFICIARY

As a beneficiary of the above referenced account, the undersigned hereby authorizes State Street Bank and Trust Company to wire, by use of the Automated Clearing House System ("ACH"), distributions from this account directly to the bank account listed below. This authorization shall remain in effect until written notice is given to State Street Bank by the undersigned. These instructions are only valid for the signatories of this form.

Signature of Beneficiary _____ Signature of Joint Beneficiary _____ Date: _____

Print Full Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

FINANCIAL ORGANIZATION INFORMATION

ACCOUNT TYPE

Checking _____ or Savings _____

Name of Financial Institution: _____ Financial Institution Contact Name: _____

Depositor Account Number: _____ Financial Institution Phone #: _____

ABA Routing Number: _____

Financial Institution Address: _____
(Please refer to Statement) (Street Address)

(City) (State) (Zip Code)

NOTES:

- **IN ORDER TO COMPLETE THIS REQUEST FOR DEPOSIT TO A CHECKING ACCOUNT, YOU MUST INCLUDE A VOIDED CHECK FROM THE ACCOUNT TO WHICH YOUR PAYMENT WILL BE MADE.**
- **IN ORDER TO COMPLETE THIS REQUEST FOR DEPOSIT TO A SAVINGS ACCOUNT OR A BROKERAGE ACCOUNT, THE ABOVE FINANCIAL ORGANIZATION INFORMATION MUST BE ACCURATE AND COMPLETE.**
- **FORMS MUST BE RECEIVED BY STATE STREET ONE MONTH PRIOR TO THE NEXT SCHEDULED PAYMENT DATE TO ENSURE PAYMENTS ARE SENT ELECTRONICALLY. IF YOUR FINANCIAL INSTITUTION DOES NOT PARTICIPATE IN THE ACH PAYMENT SYSTEM, YOUR TRANSFER WILL INSTEAD BE MAILED TO YOUR ACCOUNT.**