



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100, COLUMBUS, OHIO 43215-3746

614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

REQUEST FOR EXEMPTION FROM MANDATORY DIRECT DEPOSIT

Benefit recipients who meet one of the following criteria may qualify for an exemption from mandatory direct deposit:

- Recipients who reside outside of the United States
- Recipients who reside in remote areas where direct deposit is not available through a local bank or credit union; a remote area is defined as more than a 15 mile drive to any bank that provides direct deposit, or
- Recipients whose payments go to a third party, such as a nursing or convalescent home or detention facility.

Please complete and return this form to receive your monthly payments by paper check.

Personal Information (please print)

RECIPIENT'S NAME			SOCIAL SECURITY NUMBER	
ADDRESS				
CITY	STATE	ZIP	PHONE NUMBER	
EMAIL ADDRESS			CELL PHONE	

Reason for Exemption

Please indicate below the reason for which you are requesting to be exempt from mandatory direct deposit:

- I currently reside outside of the United States.
- There is no financial institution that accepts direct deposit within 15 miles of my residence.
- I currently reside in a nursing home, convalescent facility, or detention facility whereby my payments are to be directed in care of the facility.

FACILITY NAME	
FACILITY ADDRESS	
CITY/STATE/ZIP	
CONTACT NAME	CONTACT PHONE NUMBER

Recipient's Acknowledgement

Being duly sworn, I, the undersigned, state that the information provided in this application is complete and true to the best of my knowledge and belief.

RECIPIENT SIGNATURE (Do NOT Print)

DATE