

**REQUESTS FOR FOREIGN CHECKS TO BE PAID TWICE PER YEAR**

I \_\_\_\_\_ having an address of \_\_\_\_\_ in the city

of \_\_\_\_\_ in the state of \_\_\_\_\_ do hereby authorize

\_\_\_\_\_

located at \_\_\_\_\_

To issue my pension benefits twice year. I do understand that said payments will be issued on January 1<sup>st</sup> and July 1<sup>st</sup> of every year.

Should I no longer wish to receive these payments twice per year I am fully aware that I will receive them on a monthly basis.

ID# \_\_\_\_\_

Or last four of the Social Number

\_\_\_\_\_ Signature

**(PLEASE HAVE THIS FORM SIGNED IN THE PRESENCE OF A NOTARY OR A UNITED STATES CONSULT OFFICE.)**