## Grossmont-Cuyamaca Community College District

## Retirement Stipend Designated Financial Institution Form

If you choose your retirement stipend to be paid to a designated financial institution for the purchase of an annuity or other investment, please complete the following form and forward to Employee and Labor Relations.

Employee Mailing Address Home Phone Number  Financial Institution Information  Institution Name: Account Number:  Street Address  City State Zip  Phone Number Fax Number  authorize the Grossmont-Cuyamaca Community College District to forward my reti		Social Security Number	Date of Birth	
Financial Institution Information  Institution Name: Account Number:  Street Address  City State Zip  Phone Number Fax Number				
Institution Name: Account Number:  Street Address  City State Zip  Phone Number Fax Number	nployee Mailing Address	Home Phone Number		
Institution Name: Account Number:  Street Address  City State Zip  Phone Number Fax Number				
Institution Name: Account Number:  Street Address  City State Zip  Phone Number Fax Number				
City State Zip  Phone Number Fax Number	Financial Institut	ion Information		
City State Zip  Phone Number Fax Number	Institution Name: Acco		ecount Number:	
City State Zip  Phone Number Fax Number				
Phone Number Fax Number	Street A	ddress		
Phone Number Fax Number				
	City	State	Zip	
authorize the Grossmont Cuyamaca Community College District to forward my reti	Phone Number	Fax Number		
authorize the Grossmont Cuyamaca Community College District to forward my reti				
authorize the Grossmont-Cuyamaca Community Conege District to forward my feminyment to the financial institution designated above. I understand these retirement paymeing distributed on my behalf pre-tax and must be transferred to an IRA, 403(b), 45 tirement account. Please see your tax advisor for further information.				

dh 12/8/10 District 002