

DIRECT DEPOSIT FORM

THIS FORM CAN BE RETURNED BY MAIL, EMAIL, OR FAXED

J.P.Morgan

Benefit Payment Services

Email: jpmorgan.benefit.forms@jpmchase.com

PO Box 6300
Newark, DE 19714-9807

Phone: 888-719-8932
Fax: 866-582-5080

COMPLETE ALL APPLICABLE SECTIONS - OMISSION OF ANY PERTINENT INFORMATION WILL RESULT IN DELAYED PROCESSING

ACTION REQUESTED	
<input checked="" type="checkbox"/> Activate EFT or Change Banking Information	<input type="checkbox"/> Cancel Direct Deposit - To cancel your current Direct Deposit and receive a paper check instead, please check this box

PAYEE'S EMPLOYER INFORMATION	
Pay Group Number (Found on EFT Advice or Check Deposit Slip) 089111 A04 or 00083638464	Pay Group Name Anderson

PAYEE INFORMATION				
Last Name (Required) Owensby	First Name (Required) Catherine	Middle Initial J	Full Social Security Number (Required) 533708789	
Mailing Address Line 1 (Required) 2080 N Ramsey Ave		City (Required) Springfield	State (Required) MD	Zip Code (Required) 20783
Mailing Address Line 2		Country (Required if not US)	Phone Number with Area Code	
Email Address:				

BANKING INFORMATION	
Name of Financial Institution Simmons Bank	Type of Account? Checking or Savings <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

PLEASE SUBMIT A VOIDED CHECK (FOR CHECKING ACCOUNT) WITH THIS FORM.

↑
ALIGN TOP OF VOIDED CHECK TO TOP OF THIS SECTION

PLACE VOIDED CHECK (CHECKING) HERE

***IF A VOIDED CHECK CANNOT BE PROVIDED, PLEASE PROVIDE ACCOUNT NUMBER AND ABA ROUTING INFORMATION HERE:

ABA ROUTING NUMBER (MUST BE 9 DIGITS AND CANNOT START WITH THE NUMBER '5'):	082900432
ACCOUNT NUMBER:	2132686

Please read the following Authorization. By signing this form, you are agreeing to these Terms of EFT Authorization.

I hereby request that all retirement benefits due to me according to the plan for the company named in the body of this authorization form, be sent directly to the financial institution in the body of this form, for credit to my account. I acknowledge that the origination of Electronic Funds Transfer (EFT) transactions to my account must comply with the provisions of United States law and National Automated Clearing House rules.

If any payments are made to my account in error, I authorize JP Morgan Chase Bank, N.A. to initiate debit transactions to my account to correct the error. Additionally, if JP Morgan Chase Bank, N.A. should make a payment by Electronic Funds Transfer (EFT) or check, subsequent to my death, I hereby agree on behalf of my executors and administrators, that my estate will refund any such amount to JP Morgan Chase Bank, N.A.

By signing this form, I hereby authorize and direct the financial institution named in the body of this form to promptly return such payment to JP Morgan Chase Bank, N.A. upon the demand of JP Morgan Chase Bank, N.A. In the event such payment has already been credited to my account, I authorize and request the financial institution to charge my account and return the payment to JP Morgan Chase Bank, N.A.

This authorization will remain in full force until JP Morgan Chase Bank, N.A. has received written notification from me of its termination, in such time and such manner as to afford JP Morgan Chase Bank, N.A. a reasonable opportunity to act upon it.

AUTHORIZING SIGNATURE		
The undersigned certifies that the information contained herein is accurate and complete. JPMorgan Chase Bank, N.A. is directed to initiate payments or debit transactions per the information and the Terms of the EFT Authorization as indicated above.		
Participant Authorizing Signature (Required) <i>Catherine Owensby</i>	Printed Name (Required) Catherine J Owensby	Date (Required) 10/26/2021

INTERNAL USE ONLY	
PSC has authenticated the person signing this form	Date

CHANGE OF ADDRESS FORM

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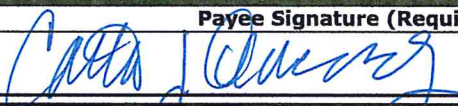
COMPLETE ALL APPLICABLE SECTIONS - OMISSION OF ANY PERTINENT INFORMATION WILL RESULT IN DELAYED PROCESSING

YOUR EMPLOYER INFORMATION	
Pay Group Number (Found on EFT Advice or Check Deposit Slip)	Pay Group Name
009111A04 or 00083638464	Anthem

PLEASE PRINT YOUR REQUESTED INFORMATION BELOW, THEN SIGN, DATE AND RETURN		
Last Name (Required)	First Name (Required)	Middle Initial
Owensby	Catherine	J
Phone Number with Area Code	Full Social Security Number (Required)	
417-569-6914	53370 8789	

YOUR NEW ADDRESS - PLEASE PRINT		
Mailing Address Line 1 (Required)		
2000 N Ramsay Ave		
Mailing Address Line 2		
City (Required)	State (Required)	Zip Code (Required)
Springfield	MO	65803
Email Address:		

DO YOU NEED A TAX FORM REPRINT ONCE THE ADDRESS IS UPDATED?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If tax form is to be reissued, please supply tax year to the right:		
DO YOU NEED A CHECK REISSUED ONCE THE ADDRESS IS UPDATED?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If a check is to be reissued, please supply the month(s) to the right:		

AUTHORIZING SIGNATURE OF PAYEE*		
Payee Signature (Required)	Printed Name (Required)	Date (Required)
	Catherine Owensby	10/26/2021

INTERNAL USE ONLY	
PSC has authenticated the person signing this form	Date

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