



## PLEASE READ THIS CAREFULLY

The information on this form is requested pursuant to the Tennessee Valley Authority (TVA) Act (16 U.S.C. Sections 831-831dd) and the Internal Revenue Code. The Privacy Act requires TVA to inform you of the effects of not providing the requested information.

All information on this form, including the social security number, is required. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payments from the TVA Retirement System (System) to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. Information on this form is normally used only to make payments to the designated financial institution. However, should a dispute arise or a congressional inquiry be made regarding TVA employment practices, the information may be made available outside TVA in the course of that dispute or inquiry. Further, information provided may be utilized in fulfilling reporting requirements to the Internal Revenue Service and may be provided to another Federal agency if relevant to a decision to be made by that agency. This form also may be made available to law enforcement agencies in the exercise of their duties.

### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the System and the financial institution of the death of the payee. Funds deposited after the date of death are to be returned to the System. The System will then make a determination regarding any survivor benefits.

### CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the payee by notice to the System or by the death or legal incapacity of the payee. Upon cancellation by the payee, the payee should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be canceled by the financial institution by providing the payee a written notice 30 days in advance of the cancellation date. The payee must immediately advise the System if the authorization is canceled by the financial institution. The financial institution cannot cancel the authorization by advice to the System.

### CHANGING FINANCIAL INSTITUTIONS

The payee's direct deposit will continue to be sent to the selected financial institution until the System is notified by the payee that the payee wishes to change the financial institution receiving the direct deposit. To effect this change, the payee should complete a new form RS-73, Direct Deposit Election Form, for the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the new financial institution receives the payee's direct deposit.

### Privacy Act Statement

The authority for requesting this information is the TVA Act. The information you furnish will be used in administering the TVA Retirement System and in providing the benefits of that System to System members and retirees and their designated surviving beneficiaries. The information you provide may be shared with contractors engaged in helping the System administer its programs and with Federal, state, and local governmental agencies which have a need to know the information. It may also be used to respond to a Congressional referral. In addition, to the extent that this information indicates a possible violation of civil or criminal law, it may be shared with appropriate Federal, state, or local law enforcement agencies. While you are not required to supply the information requested, it may not be possible to process your elections or provide System benefits if you fail to do so.