



Institutional Fund Distribution Request (for RHFV or ISP programs)

This form is used for distribution requests. Please indicate whether your request is for direct bank deposit or wire deposit and complete instructions below. Requests can generally be processed within three business days. In some circumstances (dollar amount or investment fund allocation at the time of distribution), requests may take 60-90 days for processing.

If you have any questions, please contact MERS Service Center at 800.767.MERS (6377).

Please print • Retain a copy for your records

1. Employer information

Municipality name*	Municipality number*	Division number*
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2. Payment option

Distribution amount: \$	<input type="checkbox"/> Bank Deposit: Check here to instruct deposit to be made directly into the following bank account <input type="checkbox"/> Wire Deposit: Check here to instruct deposit to be made directly into the following wire instructions
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3. Banking information

Receiving bank name:	
Bank ABA routing number:	Bank account number:
Special notes:	

4. Certification and signature

1. I certify that I am an authorized contact, and authorized by the governing body of the municipality above to apply for this distribution.
2. I certify that the proceeds of this distribution shall be used for municipality retiree health care expenses, as that term is defined in the RHFV Plan (for distributions from RHFV), or municipality pension or health obligations under the plan identified in the municipality's Resolution adopting the ISP (for distributions from ISP).
3. I understand that the distribution will be processed by Alerus Retirement Services, on behalf of MERS.
4. I understand that it is my responsibility to validate that the funds requested for distribution meet the requirements for retiree health care expenses as defined in the RHFV Plan (for RHFV), or municipality pension or health obligations under the plan identified in the municipality's Resolution adopting the ISP (for ISP).
5. I understand that, based on asset amount or allocation, my request for distribution may take up to 90 days to process.

NOTE: MERS recommends municipalities file supporting documentation for audit purposes.

First name (authorized signator)	Last name (authorized signator)
Authorized signature*	Date (mm/dd/yyyy)*

For distribution requests over \$100,000, a second signature is required by another authorized contact from the municipality. This could be another Primary, Finance, or HR contact at your municipality, or a current board or committee member.

First name (secondary signator)	Last name (secondary signator)	Position or Title (secondary signator)
Secondary signature		Date (mm/dd/yyyy)*

Employer: Please log in to the MERS Employer Portal at www.mersofmich.com and submit this form securely by selecting the applicable Plan and using the Submit Files link in the left-hand navigation.

* Required field