



United States Virgin Islands Government Employees Retirement System



Direct Deposit Exemption Request

RETIREE INFORMATION

Name: _____ Social Security Number: _____
Mailing Address: _____ Physical Address: _____
City/State/Zip: _____ Daytime Number: _____

EXEMPTION STATEMENT

I, _____ hereby request exemption of the requirement for direct
(Please Print Name)
deposit of my annuity payments for the following hardship reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Geographical Barrier (outside of USA) | <input type="checkbox"/> Annuity is less than \$100 |
| <input type="checkbox"/> Physical/Mental Disability Barrier | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unable to Establish Account (please attach letter from bank) | |

Please use this space to explain above indicated reason:

I understand that if my request for exemption of the **annuity direct deposit requirement** is approved, my annuity will be mailed to my current address in the GERS payroll system on the 15th and end of each month.

(Retiree Signature)

(Date)

Do Not Write Below This Line – BENEFITS USE ONLY

- ☐ **Approved**
☐ **Disapproved (explain)**

Approving Officer

(Signature and Date)

Assistant Administrator

(Signature and Date)