

1. Participant Identification (Required Fields)

Plan Name Federal Signal Corporation Paygroup # 3010 0177 XXX - XX -
Social Security Number

Payee Name: _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

2. Direct Deposit Instructions (Required Fields)

- ADD-deposit my pension plan distribution in the account below
- CHANGE-my existing direct deposit instructions
- CANCEL-existing direct deposit and issue monthly disbursements to the above home address

Bank Name: _____ Name on Account: _____

ABA Routing # _____ Account # _____

- Checking Account ***IF CHECKING-CANCELLED CHECK REQUIRED
- Savings Account

3. Notary Public

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public _____ State of _____

Notary Signature _____ Commission Expires ____ / ____ / ____

4. Participant Signature

I acknowledge that the above information is true and accurate.

Retiree Signature _____ Date ____ / ____ / ____

Retiree Phone Number _____

Please return this form to:
Bank of America Merrill Lynch
Disbursements
1400 American Boulevard
NJ2-140-03-21
Pennington, NJ 08534