



USEC Benefit Service Center
 C/O USI Consulting Group
 95 Glastonbury Blvd.
 Glastonbury, CT 06033
 Hours: 8:00am-5:00pm M-F EST



ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION PAYMENTS

NAME (Please Print)	BADGE NUMBER	SOCIAL SECURITY NUMBER
BANK NAME	BANK ACCOUNT NUMBER	
BANK ADDRESS	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
BANK TELEPHONE NUMBER	BANK'S ROUTING/TRANSIT/ABA NUMBER	

I authorize United States Enrichment Corporation to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the depository named above, to credit and/or debit the same to such account. This authority is to remain in full force and effect until United States Enrichment Corporation has received written notification from me of its termination in such time and in such a manner as to afford United States Enrichment Corporation and depository a reasonable opportunity to act on it.

To correct any overpayments credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and to refund any such overpayment to Payor.

This authorization will remain in effect until further written notice from me is received by the Payor.

SIGNATURE	DATE
HOME ADDRESS	TELEPHONE NUMBER (Day)
	TELEPHONE NUMBER (Night)

INSTRUCTIONS

- All identifying information should be completed, including the full name of the retired plan participant, spouse, or beneficiary entitled to payment. The account must be in this name.
 The name, mailing address and routing/ABA number of the bank, as well as the account number and type of account, should be inserted in the spaces provided.
- This form should be signed and dated by the person named above. If he/she is unable to complete this form, a duly appointed representative (guardian, conservator, attorney-in-fact) may arrange for direct deposit of pension checks into his/her account by completing the top of this form, signing the form as an authorized representative (include appropriate designation), and providing a certified copy of the document granting the authority to act in this capacity.
- Attach a voided check or deposit slip to this form.

Please mail this form to: USEC BENEFIT SERVICE CENTER, C/O USI CONSULTING GROUP, 95 GLASTONBURY BOULEVARD, GLASTONBURY, CT 06033