



## SFERS Benefit Payments to Foreign Accounts via Wire Transfer

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Federal law prohibits processing payments to foreign accounts via traditional direct deposit so SFERS offers its members the option to deposit benefits to foreign accounts via wire transfer.

There are fees associated with international wire transfers. SFERS currently pays the wire initiation fee, however, your financial institution may assess fees for accepting an incoming wire in U.S. dollars from SFERS. Contact your financial institution directly for more information regarding fees associated with international wire transfers. Additionally, international wires are subject to the local laws and regulations of the jurisdiction and financial institution receiving the funds.

To avoid international wire transfer fees, your U.S. bank may allow you to establish direct deposit into your domestic account and then arrange to transfer funds from your U.S. account to your international account. Contact your financial institution directly for information regarding transferring funds to an international bank account. To sign up to have your SFERS benefit directly deposited into a U.S. bank account, complete and return the **SFERS Electronic Fund Transfer Form (EFT Form)**, available on our website: [Forms – San Francisco Employees' Retirement System \(SFERS\) \(mysfers.org/resources/forms\)](https://mysfers.org/resources/forms).

To establish an international wire transfer, complete and return the attached **SFERS International Wire Transfer Form (IWT)**. The IWT Form must be signed by both you and an authorized representative from your financial institution. Return the completed form with both original signatures by mail to: SFERS, 1145 Market Street, 5<sup>th</sup> Floor, San Francisco, CA 94103.

If you have questions about international wire transfers, contact us via e-mail at [sfersconnect@sfgov.org](mailto:sfersconnect@sfgov.org), or you may contact the Retirement Analyst assisting you with your payments.



1145 Market Street, 5th Floor, San Francisco, CA 94103  
Website: www.mysfers.org Telephone: (415) 487-7000

To initiate an International Wire Transfer for your SFERS benefit, complete Section 1. Your financial institution must complete Section 2. Return the completed form with original signatures to SFERS: 1145 Market Street, 5<sup>th</sup> Floor, San Francisco, CA 94103.

**SECTION 1 (to be completed by the payee)**

By authorizing the wire transfer of my SFERS benefit, I understand and acknowledge that monies will be transmitted in U.S. Dollars to the banking institution specified on this form.

I understand that I will be responsible for any fees charged to my account associated with a wire transfer which may include fees of the receiving bank for currency conversion, receipt of electronic funds, or other deductions once they reach the destination of payment.

<b>SFERS Payee Name</b>	<b>SFERS Payee SSN:</b>
	<b>SFERS Payee DSW # (if known):</b>
<b>Name As It Appears on Bank Account</b> <i>(if different from above)</i>	<b>Payee Phone Number</b>
<b>Payee Address</b> <i>(PHYSICAL ADDRESS ONLY)</i>	<b>Payee E-mail Address</b>
	<p align="center"><b>Joint Account Holder's Certification</b></p> <p>I certify that I have read this form, and I understand that I should advise both SFERS and the financial institution of the death of the SFERS payee and that funds deposited after the date of death are to be refunded to SFERS. I further understand that failure to notify SFERS of the payee's death could result in personal liability to me.</p>
<p align="center"><b>Payee's Certification</b></p> <p>I certify that I am entitled to a payment from SFERS, and that I have read and understand the information on this form and the instructions provided. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited into the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited from my account and refunded to SFERS. I further authorize this financial institution to notify SFERS of any changes to my home or mailing address.</p>	<p><b>Name, Address, and Phone Number of Joint Account Holder:</b> <i>(if different from Member)</i></p>
<p><b>Signature of SFERS Payee:</b> _____ <b>Date:</b> _____</p>	<p><b>Signature of Joint Account Holder:</b> _____ <b>Date:</b> _____</p>

**SECTION 2 (to be completed by financial institution)**

You may attach the Bank's instructional sheet for International Wire Transfers.

<b>Name of Bank for Direct Deposit</b>	<b>Branch Address</b>
<b>Country Code</b>	<b>Bank Phone #</b>
<b>Bank ID</b>	<b>Bank Identifier Code</b>
<b>Swift Code</b>	<b>Account #</b>
	<b>Account Type (circle one):</b> _____ <b>Checking</b> _____ <b>Savings</b>

**Financial Institution's Certification**

In consideration of SFERS making payments without requiring the payee's personal endorsement conveying the payment and without requiring other proof that the payee is alive on the date the payment falls due, we hereby agree to refund SFERS, on demand, the amount of any payments we receive after the payee's date of death. We further agree to accept SFERS' certification as sufficient proof of the date of death. We further agree to notify SFERS of any changes to the payee's home or mailing address.

<b>Name of Bank Representative &amp; Title:</b>	
<b>Bank Representative's Contact Number:</b>	
<b>Bank Representative's E-mail Address:</b>	
<b>Bank's Website:</b>	

\_\_\_\_\_  
**Signature of Bank Representative**

\_\_\_\_\_  
**Date**