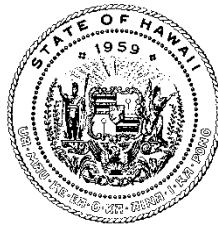


State of Hawaii Direct Deposit Request Form



1 Personal Information

State of Hawaii

Employee Name (First Name, Last Name)

Company Name

Street Address, City, State, Zip

No Yes
Address Change?

Current Date

XXX - XX -
SSN (last 4 digits only)

Email Address (for claim payment notification)

2 Direct Deposit Request

Your Financial Institution

Checking Account Savings Account
Account Type

Financial Institution Address

Routing Number

Account Number

3 Employee Signature

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature

Date

4 Voided Check

Attach a blank voided check here.

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.

Please return to:

Comprehensive Financial Planning, Inc.
1314 South King St, Suite 321
Honolulu, HI 96814