

**GMR Associates Employee Benefit Trust**  
**Electronic **Direct Deposit/Paycard Check Stub** Waiver**

Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

**Direct Deposit/Paycard Check Stub:**

- I wish to opt out of receiving **AND** accessing my trust benefit direct deposit/paycard check stubs electronically. (This includes electronic availability of all check stubs/W-2s)

**NOTE: Delivery will vary depending on your employer.**

**You must sign and date this form below. Once this form is received by GMR, we will implement this change. GMR reserves the right to change its distribution policy at any time.**

\_\_\_\_\_  
**Employee Signature**

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

**Return form to: GMR Associates, Inc.  
P.O. Box 24369  
Rochester, NY 14624  
Attn: Trust Accounting**

**OR**

**Fax to: 585-426-6981**