

SAMPLE CHECK

Please send all correspondence to:

Northern Trust Company
 BPS-CSS
 P.O. Box 92963
 Chicago, IL 60607
 1-312-557-9700
 1234/ABC-TEST REP

EARNINGS STATEMENT
 PLAN NAME LINE 1 WILL APPEAR HERE
 PLAN NAME LINE 2 WILL APPEAR HERE

Check Number	Payable Date	Reference Number	ID Number	Client / Plan
0000000005	04-01-20XX	000000001		1234/ABC

000001 BNN 00031B
 SAM A SAMPLE
 1001 MAIN STREET
 APT ABC
 FLOOR 1
 MAIL BOX 1234
 LOS ANGELES CA 90001

EARNINGS	THIS PERIOD	YEAR-TO-DATE
FUNDING 1	\$500.00	\$500.00
FUNDING 2	\$500.00	\$500.00
FUNDING 3	\$500.00	\$500.00
FUNDING 4	\$500.00	\$500.00
FUNDING 5	\$500.00	\$500.00
FUNDING 6	\$500.00	\$500.00
FUNDING 7	\$500.00	\$500.00
FUNDING 8	\$500.00	\$500.00
FUNDING 9	\$500.00	\$500.00
FUNDING 10	\$500.00	\$500.00
GROSS PAY	\$5,000.00	\$5,000.00

DEDUCTIONS	THIS PERIOD	YEAR-TO-DATE
FEDERAL	\$100.00	\$100.00
CA STATE	\$100.00	\$100.00
MED	\$10.00	\$10.00
DENTAL	\$20.00	\$20.00
VISION	\$30.00	\$30.00
INSURANCE 1	\$40.00	\$40.00
INSURANCE 2	\$50.00	\$50.00
INSURANCE 3	\$60.00	\$60.00
INSURANCE 4	\$70.00	\$70.00
INSURANCE 5	\$80.00	\$80.00
TOTAL DEDUCTIONS	\$560.00	\$560.00
NET PAY	\$4,440.00	

WITHHOLDING ELECTIONS
 CURRENT FEDERAL WITHHOLDING ELECTIONS
 Married 1 Exemptions(s) _____
 CURRENT CA STATE WITHHOLDING ELECTIONS
 Married 1 Exemptions(s) _____

Federal Tax Election Form (please complete only one of the following)
 1) I do not want State income tax withheld from my payment.
 2) I want to have State income tax withheld from my payment based on the elections I have indicated below:
 Single Married # of Exemptions _____
 Additional Amount Withheld \$ _____

CA State Tax Election Form (please complete only one of the following)
 1) I do not want State income tax withheld from my payment.
 2) I want to have State income tax withheld from my payment based on the elections I have indicated below:
 Single Married # of Exemptions _____
 Additional Amount Withheld \$ _____
 3) 10% of Federal.
 If this option is chosen, federal withholding must be requested.

Under penalties of perjury, I certify that I am entitled to the above elections.
 Requests for flat dollar amount withholding, or any election options that are not consistent with those which are stated on this form will not be processed.

Required Signature _____ Phone # _____ Date / / _____
 1234/ABC 0401050000000005MMC

PLAN NAME LINE 1 WILL APPEAR HERE
 PLAN NAME LINE 2 WILL APPEAR HERE

Check Number	Payable Date	Reference Number	ID Number	Client / Plan
0000000005	04-01-20XX	000000001		1234/ABC

This Amount: ****FOUR THOUSAND FOUR HUNDRED FORTY DOLLARS AND 00/100***
 \$*****4,440.00

Pay to the Order of: SAM A SAMPLE

The Northern Trust Company
 Not individually but
 Soley in its Representative Capacity
VOID
 Authorized Signature

#0000000005# *9999999999# 000012345# 5

Data Elements Referenced

- A** Client logo can appear on the check stock.
- B** An itemized listing of the gross and net amount of the benefit in addition to year-to-date earnings and deductions appear in this section.
- C** Check the "Important Notes" section each month; prints messages up to 1,000 characters.
- D** The Federal Tax Election Form allows participants to update their federal tax elections.
- E** The individualized State Tax Election Form allows participants to update their state tax withholding elections. The election options on the statement are compliant with state withholding requirements.
- F** When participants receive their benefit in the form of a paper check, the actual check will be printed at the bottom of the page. The check can be easily detached at the perforations.

SAMPLE CHECK

Electronic Deposit Authorization Form

03741056

ACCOUNT TYPE

Checking (please include a voided personal check) Please cancel my direct deposit and send my payment to my home address.
(If home address has changed, complete address change form below.)

Savings (please include an account deposit ticket)

Bank Routing Number (contact your bank for this number) **Account Number** (17 numbers maximum)

Financial Institution Name

Required Signature _____ Phone # (____) _____ - _____ Date ____/____/____

If you currently receive a monthly check from The Northern Trust Company, you are eligible to receive your payment via direct deposit. Please fill out the above information, sign the "Required Signature" line and return this form to the address indicated on the reverse side of this document.

Please Read: I hereby make the following requests and authorizations relating to my benefit payments from the employee benefit plan identified on the reverse side of this document (the "Plan"): (1) request and authorize the Plan to initiate credit entries to the Account indicated above; (2) request and authorize the Plan to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) request and authorize the Financial Institution named above to credit and/or debit any such entries to the Account.

I understand that the direct deposit of my benefit payments will ordinarily begin within approximately 30 days of the Plan's receipt of this form. The Plan and its agents and service providers will not be responsible for errors or delays resulting from inaccurate or incomplete information on this form. The authority granted by me on this form is to remain in full force and effect until the Plan has received written notification of its termination in such time and in such manner as to afford the Plan and my Financial Institution a reasonable opportunity to act on it. I hereby discharge the Plan and its agents and service providers from all liability whatsoever for any actions taken by you with the above request and authorization.

Please Note: Use of this form is limited to direct deposit requests for U.S. based financial institutions only.
If you need a form for a NON U.S. based financial institution, please refer to correspondence information on reverse side.

Address Change Form

Please check here if this is a permanent change of address.*

Address Line 1

Address Line 2

Address Line 3

Address Line 4

City **State/Prov** **Postal Code**

Country (please complete if other than US)

Required Signature _____ Phone # (____) _____ - _____ Date ____/____/____

* If your permanent change of address indicates that you have moved to a new state, the following will occur:
- Withholding elections in your existing state will be canceled and a default of "no withholding" will be established in your new state.
- If you wish to change your new state's election, please complete the updated State Tax Election Changes that will be included with your next Earnings Statement.

Important Federal Tax Election Notice

You have the right to elect not to have withholding apply to your pension or periodic payment, or to certify that you are exempt from Federal withholding. An election not to have withholding apply will remain in effect until you revoke it, which you may do at anytime. You may elect not to have withholding apply or reverse a prior election not to have withholding apply, by checking the appropriate box, signing, dating and returning the election form set forth on the reverse side of this document. If you elect not to have withholding apply, or if you do not have enough Federal income tax withheld from your pension or periodic payments, you may incur IRS penalties under the estimated tax rules.

Data Elements Referenced

- G** Use the Electronic Deposit Authorization Form to initiate instructions for direct deposit of your benefit.
- H** Use the Address Change Form to submit an address change.
- I** The Federal Tax Election Notice (a.k.a. TEFRA) language satisfies legal requirements for notifying participants of their tax election rights.

