J.P.Morgan

Benefit Payment Services

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

DIRECT DEPOSIT

Mail or Email HR Benefits, One Porsche Dr, Atlanta, GA 30354 or myporschebenefits@porsche.us

COMPLETE ALL APPLICABLE SECTIONS - OMISSION OF ANY PERTINENT INFORMATION MAY RESULT IN DELAYED PROCESSING

ACTION REQUESTED (DOUBLE CLICK TO MAKE YOUR SELECTION)

ACTIVATE EFT OR CHANGE BANKING INFORMATION

PAYEE'S EMPLOYER INFORMATION

PAY GROUP NUMBER	PAY GROUP NAME
004744P68	PORSCHE EMPLOYEE RETIREMENT GROUP PLAN

PAYEE INFORMATION

PAYEE NAME	FULL SOCIAL SECURITY NUMBER

BANKING INFORMATION (DOUBLE CLICK TO MAKE YOUR SELECTION)

NAME OF FINANCIAL INSTITUTION	TYPE OF ACCOUNT
	☐ CHECKING ☐ SAVINGS

PLEASE SUBMIT A VOIDED CHECK FOR CHECKING ACCOUNT WITH THIS FORM (PREFERRED)

ALIGN TOP OF VOIDED CHECK TO TOP OF THIS SECTION

PLACE VOIDED CHECK (CHECKING) HERE

*****REQUIRED FIELD BELOW, PLEASE PROVIDE ACCOUNT NUMBER AND ABA ROUTING INFO BELOW:**

ABA ROUTING NUMBER (MUST BE *9* DIGITS AND CANNOT START WITH THE NUMBER *'5'*):	
ACCOUNT NUMBER:	

*****Please read the following Authorization. By signing this form, you are agreeing to these Terms of EFT Authorization:**

I hereby request that all retirement benefits due to me according to the plan for the company named in the body of this authorization form, be sent directly to the financial institution in the body of this form, for credit to my account. I acknowledge that the organization of Electronic Funds Transfer (EFT) transactions to my account must comply with the provisions of United States law and National Automated Clearing House rules.

If any payments are made to my account in error, I authorize JP Morgan Chase Bank, N.A. to initiate debit transactions to my account to correct the error. Additionally, if JP Morgan Chase Bank, N.A. should make a payment by Electronic Funds Transfer (EFT) or check, subsequent to my death, I hereby agree on behalf of my executors and administrators, that my estate will refund any such amount to JP Morgan Chase Bank, N.A.

By signing this form, I hereby authorize and direct the financial institution named in the body of this form to promptly return such payment to JP Morgan Chase Bank, N.A. upon the demand of JP Morgan Chase Bank, N.A. In the event such payment has already been credited to my account, I authorize and request the financial institution to charge my account and return the payment to JP Morgan Chase Bank, N.A.

This authorization will remain in full force until JP Morgan Chase Bank, N.A. has received written notification from me of its termination, in such time and such manner as to afford JP Morgan Chase Bank, N.A. a reasonable opportunity to act upon it.

AUTHORIZING SIGNATURE

PARTICIPANT AUTHORIZING SIGNATURE	PRINTED NAME	DATE
CLIENT AUTHORIZING SIGNATURE*	**PRINTED NAME**	**DATE**

***Confirming that the Direct Deposit information was received from the participant whose name and signature appear on this form.**