



**MEMO**

DATE:

TO: XXX, Vice President  
 Retirement Investment Services Div.  
 State Street Bank & Trust Company

THROUGH: XXX Manager, TSD/IOD

FROM: \_\_\_\_\_, Manager TPD \_\_\_\_, or Principal FBA  
 \_\_\_\_\_, [PLS/PBA/FBA]

SUBJECT: Off-Cycle Payment Request  
 Plan Name:  
 Case:  
 DOPT:

Please process the following off-cycle payment:

Name	SSN	Type	Amount
	xxx-xx-xxxx		

The above-named participant did not receive / is not scheduled to receive an expected payment on \_\_\_\_, due to system errors. [Provide brief explanation of the system errors and attach documentation indicating that an off cycle payment is needed.]

Or

The above-named participant did not receive / is not scheduled to receive an expected payment on \_\_\_\_\_, due to our processing errors. [Provide explanation of the processing errors that resulted in the non payment.]

The off-cycle payment is necessary in order to meet our commitment to the customer and provide good customer service.

Our query of PRISM Browser confirms the expected payment(s) is not on the ledger. Supporting documentation is attached.

If you have any questions or require further information, please contact me at x \_\_\_\_\_, or [PLS/PBA] at x \_\_\_\_\_. Thank you.

Attachments –

**[[list only required attached forms]]**  
Address Change Only, PBGC Form 489  
PBGC Monthly Benefit Adds and Updates  
PLUS Lump-Sums, PBGC Form 491  
Special Checks, PBGC Form 490