

BANK ADDRESS LINE 1  
BANK ADDRESS LINE 2  
BANK ADDRESS LINE 3

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/85  
EMPLOYEE: SAMPLE-SIMPLES, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO:

IF YOU CALL OR WRITE US  
PLEASE USE WC CLAIM NO.

Sample Sample-Simples is entitled to payments under the Wisconsin Worker's Compensation Act. The applicant has indicated a preference that the amount due be placed in an interest-bearing account in your financial institution.

The restrictions on the account would be these: The applicant is entitled to withdraw \$0.00 per month plus any interest, which the account may generate. This right of withdrawal is cumulative. Any withdrawals in excess of those amounts cannot be made without the prior written consent of a law judge or an administrator of the Wisconsin Worker's Compensation Division. This restricted account shall not be used as collateral or security for any loan, which the employee has acquired or wishes to obtain.

If you will accept the account, subject to the above restrictions, please advise this Department with a copy of your letter to the applicant's attorney listed below.

Department of Workforce Development  
Worker's Compensation Division

FirstLastALJintGL46

GL46 (R. 05/2005)

**Copy sent to:**  
ATTORNEY PETERSON LAW OFFICES  
2411 S BROADWAY  
MENOMONIE WI 54751