

General Information:

The top portion of the request for electronic deposit form must be completed by the pension benefit recipient. The lower portion of the form must be completed by your bank or credit union.

This form is used to set-up a new electronic direct deposit and/or to change information on an existing electronic direct deposit.

If we receive this form in our office prior to the 19th of the month, it will become effective the first of the following month. Please note that the first payment will be a paper check that will be mailed directly to your address as noted on the reverse side of this form, subsequent payments will be processed electronically.

Should you have any questions, please feel free to contact this office.

Sincerely yours,

PENSION DEPARTMENT

REQUEST FOR ELECTRONIC DEPOSIT

I request, until further written notice that the Board of Trustees of the Sheet Metal Workers' Pension Plan of Southern California, Arizona & Nevada ("Pension Plan") deposit any and all sums due me under the Pension Plan into the bank named below:

Full Name of Payee

Social Security Number

Home or Mailing Address to mail first check (Street, City, State & ZIP Code)

() _____
Telephone Number

If, because of lack of knowledge of my death, and payments are made by the Pension Plan which represent payments for amounts accrued subsequent to my death, for which neither I nor any beneficiary is eligible, I authorize and direct the Bank to correct and cancel the erroneous credits of such monies to my account and refund the amounts to the Pension Plan, as being payments made under a mistake of fact.

Signature of Payee: _____

Date: _____

Witnessed by: _____

Date: _____

The lower portion of this form MUST be completed by an AUTHORIZED OFFICER of the Bank. INCOMPLETE FORMS WILL BE RETURNED.

Full Name of Banking Institution (first check will be mailed to payee's home/ mailing address noted above)

Bank Account Number

[] Checking [] Savings (**check one**)

Bank ABA Routing Number

() _____
Bank Telephone Number

**** AGREEMENT BY BANK ****

This arrangement is satisfactory to the Bank, and we agree to accept the deposits, as provided. The Bank further agrees, subject to the conditions stated, to refund from such account, any and all payments to which the Payee was not entitled because of his or her death prior to the due date of any such payment or payments.

If the Bank learns of the depositor's death, notification will be sent to the Pension Plan in a timely manner. The refund shall be made upon receipt of proof satisfactory to the Bank that the death of the Payee occurred prior to the due date of such payment or payments and provided always that no adverse claim has been received by the Bank prior to such refund, and that the deposits or their equivalent in other collected funds remain in the account at the time the request for refund is received from the Board of Trustees.

Signature of Authorized Officer: _____

Date: _____

Name and Title of Authorized Officer: _____