Sheet Metal Workers' Pension Plan of southern California, Arizona & Nevada

P.O. BOX 10067

MANHATTAN BEACH, CA 90266-8567

PHONE: (800) 947-4338 PHONE: (310) 798-6572 FAX: (310) 798-5092

Request for Electronic Deposit of Pension Benefits

I request, until further written notice, that any and all pension benefits due to me from the Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada ("Pension Plan") be deposited electronically and directly into the bank account identified below at the banking institution identified below.

	XXX-XX-
PLEASE PRINT PENSIONER'S /BENEFICIARY'S FULL NAME	LAST FOUR NUMBERS OF SSN
(PENSIONER'S /BENEFICIARY'S MAILI	NG ADDRESS)
()	'S PENSIONER'S /BENEFICIARY'S HOME NUMBER
PENSIONER'S /BENEFICIARY'S EMAIL ADDRESS	
(NAME(S) ON BANK ACCOUN	NT)
PENSIONER'S /BENEFICIARY'S SIGNATURE IS THIS A JOINTLY-HELD ACCOUNT? (YES / NO) IF YES, PHOLDERS PROVIDE THE INFORMATION BELOW:	DATE LEASE HAVE ALL JOINT ACCOUNT
NAME OF JOINT ACCOUNT HOLDER RELATION	ONSHIP TO PENSIONER /BENEFICIARY
JOINT ACCOUNT HOLDER'S ADDRESS AND TELEPHONE NUM	BER
()	S
JOINT ACCOUNT HOLDER'S EMAIL ADDRESS	
JOINT ACCOUNT HOLDER'S SIGNATURE	DATE

JOINT ACCOUNT HOLDER'S PRINTED NAME*

^{*}Any additional Joint Account Holders should provide their signatures and dates of signature along with their contact information on a separate page.

THE LOWER PORTION OF THIS FORM MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE BANK. INCOMPLETE FORMS WILL BE RETURNED.

AGREEMENT BY BANK

This above information and arrangement is satisfactory to the Bank, which agrees to accept the deposits as provided.

(CONFIRMATION OF NAME(S) ON BANK ACCOUNT)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

TITLE

FULL NAME OF BANKING INSTITUTION

BANK TELEPHONE NUMBER

COMPLETE BANK ACCOUNT NUMBER

BANK ABA ROUTING NUMBER

(S)avings

(C)hecking