

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.

PLEASE PRINT PENSIONER'S / BENEFICIARY'S FULL NAME

XXX-XX-
LAST FOUR NUMBERS OF SSN

(PENSIONER'S / BENEFICIARY'S MAILING ADDRESS)

() _____ () _____
PENSIONER'S / BENEFICIARY'S CELLPHONE NUMBER PENSIONER'S / BENEFICIARY'S HOME NUMBER

PENSIONER'S / BENEFICIARY'S EMAIL ADDRESS

REQUEST MONTHLY STATEMENT
(YES / NO)

(NAME(S) ON BANK ACCOUNT)

PENSIONER'S / BENEFICIARY'S SIGNATURE

DATE

IS THIS A JOINTLY-HELD ACCOUNT? (YES / NO) IF YES, PLEASE HAVE ALL JOINT ACCOUNT HOLDERS PROVIDE THE INFORMATION BELOW:

NAME OF JOINT ACCOUNT HOLDER

RELATIONSHIP TO PENSIONER / BENEFICIARY

JOINT ACCOUNT HOLDER'S ADDRESS AND TELEPHONE NUMBER

() _____ () _____
JOINT ACCOUNT HOLDER'S CELLPHONE NUMBER JOINT ACCOUNT HOLDER'S HOME NUMBER

JOINT ACCOUNT HOLDER'S EMAIL ADDRESS

JOINT ACCOUNT HOLDER'S SIGNATURE

DATE

JOINT ACCOUNT HOLDER'S PRINTED NAME*

"The Plan requires that your surviving spouse and/or designated beneficiary or beneficiaries promptly notify the Plan in the event of your death." By signing below, the Joint Account Holder agrees to return or reimburse any plan benefits that may be transmitted erroneously into the jointly-held account following death of the Pensioner/Beneficiary.

FULL NAME OF BANKING INSTITUTION

BANK TELEPHONE NUMBER

COMPLETE BANK ACCOUNT NUMBER

BANK ABA ROUTING NUMBER

Joint Account

(C)hecking

(S)avings

*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 NOTARY PUBLIC. INCOMPLETE FORMS WILL BE RETURNED.

As a valued Participant of the Plan, free Notary Public services are offered at your SMART Union Local Offices LU #88 and LU #105 and the Sheet Metal Workers' Administrative Office. (Please Schedule your appointment ahead of time.)

NOTARIZATION ACKNOWLEDGEMENT FOR _____ (state)
(Attach appropriate notarization form)

State of _____

County of _____

On _____, before me, _____
(Month) (name and title of the officer)

personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument and acknowledged to me that he or she executed the same in his/her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____, that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

(Signature of Notary Public)

Place seal here: