Pension Plan for the Local Union No. 131 International Brotherhood of Electrical Workers Payee Deposit Agreement

Please return this completed form to the address listed at the bottom of this page.

(Please PRINT all Information.)

I, the undersigned, hereby certify that I am a named signer on the below account and authorize the Pension Plan for the Local Union No. 131 International Brotherhood of Electrical Workers ("Fund") and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments to my designated bank account below, including any amounts erroneously deposited therein. This authorization shall remain in force until I revoke it in writing or until the Fund receives notification of my death, whichever occurs first.

PARTICIPANT'S INFORMATION Name of Participant/Payee ______ Date of Birth _____ Phone Number State Zip FINANCIAL INSTITUTION INFORMATION Please provide a copy of a voided check or letter from your financial institution with your account number and routing number. Name of Financial Institution: Phone Number Does your Financial Institution accept "Automated Clearing House" (ACH) transactions? Yes No Bank Routing # (9 digits) ___ __ _ _ _ _ _ _ _ _ _ _ _ _ Account Number _____ Type of Account (check one): Checking/Share draft Savings Bank Address: State Zip **PARTICIPANT'S AUTHORIZATION** Do not sign unless you are in the presence of a Notary Public or authorized Fund Office Representative. Signature of Participant/Payee Date Signed This form must be signed in front of a Notary Public or Fund Office Representative. , County of _____ Subscribed and sworn to before me on this _____ day of _____ in the year _____ My commission expires: Signature of Notary Public (SEAL) OR Witness by Fund Office Representative: FOR FUND OFFICE USE ONLY View original identification document Signature of Fund Office Representative Print Name