DIRECT DEPOSIT AUTHORIZATION FORM

Instructions for completing Direct Deposit Form

the Fund Office for additional information.

- 1. All sections must be completed, and all sections requiring a signature **must** be signed.
- 2. Make sure to indicate whether you have a savings, checking, or reloadable card.
- 3. If using a reloadable card, contact the card service provider for the account number and routing number (this is not the number on the face of your card).
- 4. If you fax or email your form, please call to confirm receipt of your form.

Retiree / Beneficiary Name:	Social Security Number:	
Telephone Number:	Email Address:	
(Area Code)		
Name of Bank:		
Account Type: Checking Savin	ngs 🔲 Reloadable card	Attach copy of a voided check here:
Ownership of Account: Self Jellin Je	oint	
Account Number:		
ABA # (routing):		
Please return this form with a <u>void che</u>	eck directly to the address or fa	x number listed below.
listed above for receiving my benefits and to a Additionally, if the Fund remits payments to me the Fund information concerning these payments	debit such account for entries or adju ny account after my death, I hereby at ents, the status of the account (open c	Fund (the "Fund") to initiate credit entries to the account stments for any credit entries made in error. uthorize the financial institution listed above to provide to or closed), and persons with access to the account. Such prization to release such information pursuant to the
Signature:		Date:
If the account is a joint account - that individu	al <u>must</u> also sign to indicate agreeme	ent with the statement above.
Signature:		Date:
Print name of Joint Account Holder:		
Check here if you wish to receive a mo	onthly voucher.	

SHEET METAL WORKERS' NATIONAL PENSION FUND

**NOTE: This may take up to 6 weeks to be effective. Please be advised that checks will be sent to the home mailing address currently on file with the Fund until the direct deposit processes. If you wish to make changes in your address or tax withholdings please contact

3180 Fairview Park Drive Suite 400 Falls Church, VA 22042 Phone (800)-231-4622 FAX (703) 739-7836