

Electrical Workers Pension Fund

DIRECT DEPOSIT AUTHORIZATION

Participant's Authorization – Please fill out and return to the Fund Office

Staple Voided Check Here →

I authorize you and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account Savings Account

This authorization applies to future distributions from the following Plans:

Part A Part B/D Part C/E 242/294 401(k)

This authority will remain in effect until I have cancelled it in writing.

Name (Please Print) _____

Social Security Number (Last 4) XXX-XX-_____

Home Phone Number _____

Financial Institution _____ Branch _____

City _____ State _____

Phone Number of Financial Institution _____

Transit Routing Number (ABA)

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Account Number _____

Participant's Signature _____ Date _____

Return to:

Electrical Workers Pension Fund
2002 London Rd, Suite 300
Duluth, MN 55812