

IRON WORKERS MID-AMERICA PENSION PLAN

DIRECT DEPOSIT

FAX: 708-474-9982

EMAIL: PENSION@IWMIDAMERICA.COM

Payee Information

Name: _____ Social Security Number: _____

Address: _____

Number & Street

City & State

Zip Code

Email

Telephone Number: _____

Bank Information

Type of Account (Must be Checking or Savings)

Name of Bank: _____

☐ Checking

☐ Savings

Bank Routing Number: _____ Account Number: _____

A voided check or a letter from your financial institution stating your account number and bank routing number must be submitted with this form (see page 2). The account in which the benefit is deposited must be held solely or jointly in the payee's (pension recipient's) name. The Fund Office will not make any changes until all information on this form is provided. Failure to provide this information may result in the delay of your pension benefit.

I certify that I am entitled to this pension benefit. In signing this form, I authorize my pension benefit to be electronically transferred to the financial institution named above and deposited into the designated account.

The payee's signature must be witnessed by a Designated Plan Representative or notarized by a Notary Public.

Payee's Signature

Date

Designated Plan Representative Signature

Date

–OR–Notary Public

Subscribed and sworn to before me this _____ day of _____, 20____

(SEAL)

NOTARY PUBLIC

Commission Expires _____

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Place voided check here or attach letter from your financial institution.