



CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

Pension Trust • Welfare Plan • Vacation Trust
Apprenticeship Training & Journeyman
Retraining Fund • Annuity Trust

ELECTRONIC DEPOSIT AUTHORIZATION

If you would like your pension check automatically deposited to your bank account, please READ AND COMPLETE all portions of this form and return in the enclosed envelope. The initial processing of an application takes approximately 60 days. You will receive your checks at the mailing address in our system until the processing has been completed.

IMPORTANT: You must notify the Trust Office, in writing whenever you have a change in your mailing address, even though your pension payments are automatically deposited. **THIS ACCOUNT CAN NOT BE UNDER THE NAME OF A LIVING TRUST OR TRUSTEE ACCOUNT.** I request, until further notice, that California Field Ironworkers Pension Trust deposit each pay period, my pension check under the California Field Ironworkers Pension Trust Account in the Financial Institution named below.

FOR CHECKING ACCOUNT DEPOSITS

Attach a *voided* check

FOR SAVINGS ACCOUNT DEPOSITS,

Attach a *voided* deposit slip *indicating* the ABA/Transit number and account number.

Name of Payee

Social Security No.

Checking

Savings

Account Number

ABA/Transit No.

Full Name of Financial Institution (include Branch, if any)

Telephone Number

This request is made under the following conditions: The Financial Institution will receive and receipt to the payee such monies. If, because of lack of knowledge of my death, any payments are made by you which represent payment for amounts accrued subsequent to my death, I authorize and direct the Financial Institution to correct and cancel the erroneous credits of such monies to my account and refund the amount to you, as being payments made under a mistake of fact.

Signature of Payee

Date

AGREEMENT BY FINANCIAL INSTITUTION

This arrangement is satisfactory to us and we agree to accept the deposit as provided. We further agree, subject to the conditions stated, to refund from such account, any and all payments to which the Payee was not entitled because of his or her death prior to the due date of any such payment or payments. The refund shall be made upon receipt of proof satisfactory to us that the death of the Payee occurred prior to the due date of such payment or payments and provided always that no adverse claim has been received by us prior to such refund and that there are sufficient funds available in the account at the time the request for refund is received from the California Field Ironworkers Pension Trust.

Authorized Officer

Date

Name and Address of Financial Institution



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CALIFORNIA FIELD IRONWORKERS PENSION TRUST

List below names, addresses and Social Security numbers of other parties on this account, if applicable: (EACH PERSON ON THIS ACCOUNT MUST SIGN THIS AGREEMENT. If more space is needed, please add on a separate sheet of paper)

I agree to return any funds deposited by the California Field Ironworkers Pension Trust, to the account listed on the reverse side of this form, after the date of death of the payee.

1) _____
Name Social Security Number

Address (street, city, state, zip code)

Signature Date

2) _____
Name Social Security Number

Address (street, city, state, zip code)

Signature Date

3) _____
Name Social Security Number

Address (street, city, state, zip code)

Signature Date