

APPLICATION FOR ELECTRONIC FUNDS TRANSFER

I hereby authorize the Iron Workers Pension Plan of Western Pennsylvania to direct deposit my monthly pension check in the account and financial institution indicated below. Such direct deposit will be made each month unless I choose to elect a different financial institution in writing to the Benefit Office. Any such notification shall become effective following receipt, after a reasonable opportunity to act on it.

I request that my net pension check be electronically transferred to:

Name of Financial Institution

Address of Financial Institution

City, State, Zip Code

Deposit to:

Account Number

() Checking() Savings

Bank Transit Routing Number*

*Your application will not be processed without your bank's transit routing number. The transit routing number is usually the first 9 digits on the bottom left of your checks.

If you are not sure of your bank's transit routing number, please contact your bank to confirm their routing number.

Retiree Name (Please Print)

Social Security Number

Retiree Signature

Date

Telephone Number