



CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

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

PENSION BENEFIT 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.

ACCOUNT INFORMATION

Name of California Ironworkers Field Pension Trust Payee _____

_____-_____-_____
Social Security Number

Checking (please attach a voided check)

Routing Number _____ Account Number _____

Savings (please attach a voided deposit slip indicating the routing and account number)

Routing Number _____ Account Number _____

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

_____-_____-_____
Telephone Number

List below names, addresses and Social Security numbers of all parties on this account: (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 and address of Account Holder

Signature of Account Holder

_____-_____-_____
Social Security Number

2) _____
Name and address of Account Holder

Signature of Account Holder

_____-_____-_____
Social Security Number

3) _____
Name and address of Account Holder

Signature of Account Holder

_____-_____-_____
Social Security 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 made by The California Ironworkers Field Pension Trust which represent payment for amounts accrued subsequent to my death, I authorize and direct the Financial Institution and/or all additional account holders on said account to correct and cancel the erroneous credits of such monies to my account and refund the amount to The California Ironworkers Field Pension Trust, as being payments made under a mistake of fact.