



# CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

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

## PENSION BENEFIT ELECTRONIC DEPOSIT AUTHORIZATION

If you would like your benefit payment electronically deposited to your bank account, please READ AND COMPLETE all portions of this form and return the original signature document to the Trust Fund Office.

I request, until further notice, that disbursements be deposited for each appropriate pay period, to the account with the Financial Institution described on this form and understand that the account cannot be in the name of a living trust or trustee account.

**IMPORTANT REMINDER:** You must always notify the Trust Fund Office in writing of any change in your mailing address, even though your benefit payment is electronically deposited. The Trust Fund Office does not allow our mail to be forwarded at any time!

### ACCOUNT INFORMATION

Member Name \_\_\_\_\_

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: (MEMBER WOULD BE LISTED ALWAYS AS #1; EACH ADDITIONAL PERSON ON THIS ACCOUNT MUST ALSO SIGN THIS AGREEMENT. If more space is needed, please add on a separate sheet of paper.

1) \_\_\_\_\_  
Name and address of Primary Account Holder

Signature of Primary Account Holder \_\_\_\_\_

Social Security Number \_\_\_\_\_

2) \_\_\_\_\_  
Name and address of Co-Account Holder

Signature of Co-Account Holder \_\_\_\_\_

Social Security Number \_\_\_\_\_

3) \_\_\_\_\_  
Name and address of Co-Account Holder

Signature of Co-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 appropriate Fund, as being payments made under a mistake of fact.

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Visit us on the web at

[www.ironworkerbenny.com](http://www.ironworkerbenny.com) Electronic Deposit

Authorization\_04/30/2019

**MAIL ROOM – PLEASE RETURN APPLICATION  
TO THE PENSION DEPARTMENT. THANK YOU.**