



## AUTHORIZATION FOR AUTOMATED DEPOSITS

### Checklist for Direct Deposit Form—Review items below to ensure that form has been completed correctly.

Attach one of the following verification documents below, to the Authorization for Automated Deposits form.

- Voided check with the benefit recipient's current pre-printed name, address, account number and routing number.
- Pre-printed direct deposit form from the benefit recipient's financial institution, including pre-printed name, current address, account number and routing number.
- Letter from the financial institution on letterhead, which verifies the name(s), current address, account number and routing number.

#### Benefit Recipient (Pensioner, Surviving Spouse or Beneficiary):

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Telephone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_

ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

I hereby authorize the IAM National Pension Fund (the "Fund") to make all my retirement plan payments to my account at the financial institution listed above in the form of direct deposit. If my account is a joint account, my joint account holder(s) have signed below. If an overpayment is credited to my bank account during or after my lifetime, I authorize and direct the financial institution designated above to debit my account and refund any overpayment to the Fund. I also authorize and direct the financial institution listed above to provide the Fund information concerning any payments made after my death, the status of the account (open or closed), and the persons with access to the account. This authorization and direction is provided under 15 USC 6802(e) (which requires consent to the disclosure of nonpublic personal information by a financial institution), and pursuant to the financial institution's privacy policy. This authorization will remain in effect until the Fund has received written notification from me of its termination and the Fund has had a reasonable chance to act on it. I promise to notify the Fund of any changes to the account, such as a new joint account holder.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Benefit Recipient

#### Statement of Joint Account Holders(s):

I hold the above account jointly with the account holder named above. I promise to notify the IAM National Pension Fund (the "Fund") promptly in the event of the death or incapacity of the account holder. I authorize the Fund to debit the account for any payments made after the death or incapacity of the account holder named above. I further agree to reimburse the Fund any amounts that are not returned to the Fund through debits to the account.

Joint Account Holder Name(s):

1.

\_\_\_\_\_  
Signature of Joint Account Holder

2.

\_\_\_\_\_  
Signature of Joint Account Holder