

IBEW Local No. 684 Pension Trust

DIRECT DEPOSIT REQUEST

Name of Payee _____

Address _____

City _____ State _____

Member's Name (if different from Payee) _____

Payee SS# _____

Phone # _____

Zip Code _____

Member's SS# _____

I, the undersigned, hereby authorize the Board of Trustees of the IBEW Local No. 684 Pension Trust ("the Pension Plan") to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named below. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Pension Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Pension Plan any amounts paid after my death.

Signature of Payee

Date

The following is to be completed by the Financial Institution

AGREEMENT OF FINANCIAL INSTITUTION

The Financial Institution named below agrees to accept for deposit in the account specified below, benefit checks payable by the IBEW Local No. 684 Pension Trust ("the Pension Plan"). The Financial Institution agrees to refund to the Pension Plan, the amount of any pension benefit checks deposited in the Payee's account which represents pension benefits paid after the death of the Payee, provided that the amount of the deposits remain in the account at the time the request for a refund is received from the Pension Plan.

Name of Financial Institution _____

Can you accept "Automated Clearing House" transactions? Yes No

Bank ABA No. _____ Account No. _____

Type of Account: Checking/Share Draft Savings

Branch _____ Phone # _____

Address _____

City _____ State _____ Zip code _____

Signature of Authorized Representative

Title

Date

Please return completed form properly signed to:

IBEW Local No. 684 Pension Trust
PO BOX 1975
SAN RAMON, CA 94583
(866) 242-1822