

IRON WORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY PLAN
DIRECT DEPOSIT AUTHORIZATION

Participant Information (Please type or print clearly)

Name: _____

Social Security Number: _____ Phone No: () _____

Address: _____

(Please notify the Fund Administrator if you change your home mailing address)

Bank Information: (Please contact your bank for this information)

Name of Institution: _____ Phone No: () _____

Address: _____

Wire Payable to: _____

Type of Account (Must be Checking OR Savings ONLY) _____
Please attach a voided check for verification purposes.

Account Number: _____

Bank Routing Number: _____

Distribution Information:

Amount of Wire: _____

Participant's Signature

Date