

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

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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