PAYEE DEPOSIT AGREEMENT

Name of Payee _____ **Payee SS#_____**

Address_____

City_____ **State**_____

Zip Code _____Telephone # _____ **Member's SS#** _____

Member's Name _____

I, the undersigned, hereby authorize the Board of Trustees of the Northwestern Ohio Plumbers & Pipefitters Pension Fund ("the Pension Fund") 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 Fund distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund the Pension Fund any amounts paid after my death.

Signature of Payee_____ **Date**_____

Witness_____

AGREEMENT BY FINANCIAL INSTITUTION

The Financial Institution named below agrees to accept for deposit in the account specified below benefit checks payable by the Northwestern Ohio Plumbers & Pipefitters Pension Fund ("the Pension Fund"). The Financial Institution agrees to refund to the Pension Fund the amount of any pension benefit checks deposited in the Payees' 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 Fund.

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_____ **Address**_____

City_____**State**_____ **Zip Code**_____

Signature of Authorized Representative_____ **Date**_____

Title_____