



Western UNITE HERE and Employers Pension Fund

Sacramento and Tribal Gaming Plan Unit

EFFECTIVE AS OF DECEMBER 1, 2019, ANY NEW RETIREE IS REQUIRED TO RECEIVE HIS OR HER MONTHLY PENSION BENEFITS BY DIRECT DEPOSIT. THUS, YOU ARE REQUESTED TO COMPLETE THE AUTHORIZATION FORM BELOW WITH YOUR BANK AND/OR OTHER FINANCIAL INSTITUTION INFORMATION.

DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____ SSN: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Financial Institution: _____

Bank Routing Number: _____ Account Number: _____

*PLEASE VERIFY THAT YOUR FINANCIAL INSTITUTION ACCEPTS ACH DEPOSITS

Type of Account: Checking – Please attach a voided check Savings – Please attach a deposit slip

Note: Please verify that your routing number and account number are correct. Any requests received before the 10th of the month will be processed and effective the first of the following month in which it was received.

I hereby authorize the Western UNITE HERE and Employers Pension Fund Formerly Known as Sacramento Independent Hotel, Restaurant and Tavern Employees Pension Plan (“Pension Plan”) to deposit all amounts due to me in my account at the Financial Institution listed above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. I understand that written notice to the Pension Plan office of a change in the financial institution or account number must be made in such time and in such manner as to allow the Plan office a reasonable opportunity to act on it. If, due to lack of knowledge of my death, the Pension Plan distributes benefit checks after my death for deposit into my account, I authorize and direct the Financial Institution to immediately refund the Pension Plan any amounts paid after my death. I also authorize amounts transmitted in error to be refunded to the Pension Plan from my account.

Participant Signature

Date

Please return signed and completed form to the address below:

If you have any questions please contact the Trust Fund office at the numbers listed below.

Mailing Address: P.O. Box 1306 • San Ramon, CA 94583
7180 Koll Center Parkway, Suite 200 • Pleasanton, CA 94566
Telephone (925) 398-7044 • Toll Free (877) 893-1500 • Fax (925) 462-0108
www.SIHRTEbenefits.org