



BRICK MASONS TRUST FUNDS

Bricklayers Local No 4 Southern California

P.O. Box 430 • West Covina, CA 91793

877-516-0586 • Facsimile 626-931-1368

www.bac4cabenefits.org

Direct Deposit

The **BEST** way to receive your Pension Benefit

And here's why...

Direct deposit is *safe* because your benefit payment is automatically deposited into your bank account – no more worrying about lost or stolen checks or delays caused by mail service.

Direct deposit is *fast* because no matter if you are sick or away from home, your check is still deposited into your account. No more standing in long bank lines or waiting for your check to clear.

Direct deposit is *easy* because your benefit payment is deposited into your checking or savings account on time, correctly and confidentially.

Please take a few minutes and complete the form on the back so you can take advantage of the benefits of Direct Deposit. It will take the Fund Office about 45 days after it receives your authorization to set up the procedure with your bank. You will be notified by mail each month that your check is electronically deposited. Please be assured there will be no interruption in your monthly benefit and there is no cost to you.

DIRECT DEPOSIT REQUEST

Name of Payee _____ Payee SS# _____
Address _____ Phone # _____
City _____ State _____ Zip Code _____
Member's Name (if different from Payee) _____
Member's SS# _____

I, the undersigned, hereby authorize the Board of Trustees of Brick Masons Trust Funds ("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 Brick Masons Trust Funds ("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:

Brick Masons Trust Funds
PO BOX 430
WEST COVINA, CA 91793
(877)516-0586