

Timber Operators Council, Inc. – I.W.A. Pension Plan and Trust

PMB #116 5331 S Macadam Avenue Suite 258, Portland, OR 97239
Phone (503) 222-7696 • Toll Free (800) 811-8853

ADMINISTERED BY BeneSys

DIRECT DEPOSIT AUTHORIZATION

PLEASE NOTE: Once we receive your completed form, the next payment you receive will be a paper check mailed to your address on file. The following month, your payment will be deposited into your new account.

AUTOMATIC DEPOSITS –MUST ELECT EITHER CHECKING OR SAVINGS

I hereby authorize: (1) The Timber Operators Council, Inc. – I.W.A. Pension Plan and Trust to initiate credit entries and, if necessary, debit entries or adjustments for any credit entries in error to the bank account indicated below; and (2) the Bank, Credit Union or Financial Institution named below to credit and/or debit the same to such account.

IWA Pension Plan (Defined Benefit)
ID #93-0505548

IAM Defined Contribution Plan and Trust
ID #93-0951083 (Payments coming from The Standard)

Type of account: Savings Checking (Please attach a voided check to this form.)

BANK OR FINANCIAL INSTITUTION INFORMATION:

Depository Name - Bank, Credit Union or other Financial Institution

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number

City

State

Zip Code

Reading (2) (a) (i)

Routing/ABA Number

Account Number

If (i) the bank identified above is a financial institution located outside of the United States or (ii) the funds deposited into the bank account identified above will be forwarded to, credited or otherwise handled by a financial institution located outside of the United States, I will immediately notify the Trust Office.

3. YOU MUST COMPLETE THIS SECTION:

This authority shall remain in full force and effect until the Timber Operators Council, Inc. – I.W.A. Pension Plan and Trust has received written notification from me that this authority is terminated in such time and in such manner as to afford the and Timber Operators Council, Inc. – I.W.A. Pension Plan and Trust the DEPOSITORY a reasonable opportunity to act upon it.

Name	Social Security Number
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Address	City	State	Zip Code
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Participant signature	Date
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The undersigned participant (“Participant”) hereby authorizes and directs the Administrative Office for Timber Operators Council, Inc. – I.W.A. Pension Plan and Trust to transfer funds for benefit payments to which Participant may be entitled under the terms of the Plan as they become due and payable, and directly deposit said funds by electronic transfer to the account maintained by Participant at the financial institution identified below.

Said funds shall be in full payment, satisfaction and discharge of amounts due Participant under the Plan. Participant authorizes and directs Financial Institution to refund any payments to the Plan to which Participant, or Participant's successors or estate, would not have been entitled under the Plan as a result of Participant's death or otherwise, and charge the same to the Participant's account designated below. Participant agrees on behalf of his or herself, any co-tenants, heirs, executors, successors and any trustee on his or her trust (if any) to reimburse the Plan for such payments

4. JOINT ACCOUNTS

Please complete if a person other than you has the right to withdraw funds from this account.

Name	Relationship to you
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I hereby agree to personally repay funds deposited into this account or permit a debit entry to this account after the termination as set forth above. The amount debited and/or owed will be equal to any payment made into the account after the date of termination; interest on the payments at prime interest plus 2% per annum; and reasonable collection cost including the Plan's reasonable attorney's fees.

JOINT APPLICANT INFORMATION

Name	Social Security Number
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Signature	Date
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