

Electronic Direct Deposit Request

Plumbers Local 98 DB Pension Fund
BeneSys Inc
PO Box 159
Troy MI 48099-0159

OPTIONAL

1. YOUR PERSONAL DATA

Name of Participant (Last, First, MI)	Social Security Number
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Street Address	City	State	Zip Code
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Telephone Number including Area Code:

2. YOUR BANK INFORMATION

The bank that you specify must be a member of the Automated Clearing House. Most banks are, and yours probably is, but if not, they will let you know what alternatives are available.

I Request that my monthly pension benefit be electronically transferred to my:

(Please Mark One) ***Checking Account*** ***Savings Account***

Bank Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Your Account Number: _____

3. YOUR AUTHORIZATION

I hereby authorize BeneSys Inc, on behalf of Plumbers Local 98 DB Pension Fund, to initiate credit entries to my account indicated above. If an amount should be credited to my account in error or after my death, I authorize the appropriate debit adjustment be made to my account.

Participant Signature: _____ Date: _____

Additional Signature _____ Date: _____
(If joint account BOTH persons must sign this authorization)

HAVE YOUR BANK COMPLETE THE FOLLOWING SECTION

ABA Number (Bank I.D Number)

I hereby verify the accuracy of the above information.

By: _____ Date: _____
(Signature and Title of Bank Official)

(Printed Name and Title of Bank Official)

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Area Code & Telephone