

U.A. Local No. 393 Benefit Funds

HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

6293 San Ignacio Ave ■ San Jose, CA 95119 ■ P.O. Box 2460 ■ San Jose, CA 95109-2460
 (408) 588-3751 ■ (408) 436-8210 fax ■ Staff@ualocal393benefits.org ■ www.ualocal393benefits.org

U.A. LOCAL NO. 393 DEFINED BENEFIT PENSION PLAN DIRECT DEPOSIT AUTHORIZATION FORM

Name _____ SSN# _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Email Address: _____

Name of Financial Institution _____

Bank Routing Number _____

Type of Account: ☐ Checking ☐ Savings

Account No. _____

* Please verify that your bank account allows ACH deposits

Note: If your account type is checking, please attach a voided check or bank direct deposit letter. If your account type is savings, please attach a deposit slip or bank direct deposit letter. Verify that your routing number and account number are correct and are on the voided check and deposit slip.

I hereby authorize the Board of Trustees of U.A. Local No. 393 Defined Benefit Pension Plan ("Plan") to deposit all amounts due to me under the Plan in my account at the Financial Institution named above. This authorization shall remain in effect until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Plan any amounts paid after my death.

Signature_____
Date

Please return completed form properly signed to:
 U.A. Local No. 393 Defined Benefit Pension Plan
 c/o Benesys Administrators
 PO Box 2460
 San Jose, CA 95109