All Alaska Longshore Pension Trust

AUTHORIZATION FOR DIRECT DEPOSIT
RETIREE AUTHORIZATION

Participant Name:_____ Social Security No:_____

Address: _____

City: _____ State:_____ Zip:_____

Country:_____ Phone:_____

The undersigned participant ("Participant") hereby authorizes and directs the Administrative Office for the All Alaska Longshore Pension Trust ("Plan") 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 or check to the account maintained by Participant at the financial institution identified below ("Financial Institution".)

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.

◯ Checking Account ◯ Savings Account

Attach a voided check for verification of all financial institution information.

Bank Name:_____

Bank ABA Routing Number:_____ Participant Account Number:_____

Branch Address:_____

City: _____ State: _____ Zip:_____

If (i) the bank identified above is a financial institution located outside of the United States or (ii) any of 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.

This authority is to remain in full force and effect until the Administrative Office has received written notification from me of its termination in such time and in such manner as to afford the Administrative Office a reasonable opportunity to act upon it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Dated:_____ Participant Signature:_____

Return the completed authorization to the Trust Office listed below.

PMB #116 · 5331 S. Macadam Avenue, Suite 258 · Portland, OR 97239
(503) 224-0048 (800) 547-4457 Fax (503) 228-0149
www.AlaskaLongshorebenefits.org

Revised: 3/18/2022