

# New England Teamsters & Trucking Industry Pension Fund

1 Wall Street • Burlington MA, 01803-4768

(781) 345-4400 • Toll Free (877)-638-3899 • Fax (781) 345-4402

## Electronic Deposit of Monthly Pension Benefit Authorization Form

S E C T I O N  A	Name of Pensioner (Please print <i>last, first, middle initial</i> )		Social Security Number		
	Address ( <i>street, route, P.O. Box</i> ).		Telephone Number ( <i>please include Area Code</i> )		
	City		State	Zip Code	
	Type Of Depositor Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Checking Account Number		
	Name and Address of Financial Institution		ABA Transit Routing Number of Financial Institution		
	I (we) hereby authorize the New England Teamsters & Trucking Industry Pension Fund to initiate credit entries and, if necessary, debit entries and/or adjustments for any credit entries made in error to my above named Depositor Account. I also authorize the Financial Institution named above to accept such entries and post them to my Depositor Account as indicated above.				
	Signature Of Pensioner		Date	Additional Signature (If Joint Account)	

**IF YOUR DEPOSITOR ACCOUNT IS A CHECKING ACCOUNT:** Please attach a Voided Check in the Box Below.

S E C T I O N  B	▶ ATTACH VOIDED CHECK HERE ◀
	Please do not staple – tape only.

**IF YOUR DEPOSITOR ACCOUNT IS A SAVINGS ACCOUNT:** Please attach a pre-printed Deposit Slip that contains your Name, Account Number and Routing Number or have the following Section completed by a Representative of your Financial Institution.

S E C T I O N  C	Name and Address of Financial Institution		Savings Account Number	
			ABA Transit Routing Number of Financial Institution	
	Financial Institution Certification			
	I confirm the identity of the above named payee(s) and the account number. As a representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment issued by the New England Teamsters and Trucking Industry Pension Fund.			
Print Representative Name		Signature of Representative	Telephone Number	Date

Note: This authorization Form must be received by the New England Teamsters & Trucking Industry Pension Fund at least 45 days prior to the pension check payment date; otherwise, a check will be mailed to your address on file. This electronic deposit service will continue until a change notice is received by the Fund Office and the Fund Office has a reasonable opportunity to act on such notice.



Dear Pensioner:

We are pleased to offer you the opportunity to have your monthly pension check electronically deposited directly into your checking or savings account. To take advantage of this service, you must complete the Authorization Form on page 2 of this notice and return it to the Fund Office.

**Section A Instructions** Please fill out Section A completely and accurately. It is extremely important that you sign and date the bottom line in Section A. If your Depositor Account is a joint account, the joint account holder must also sign and date where indicated. **If you do not sign and date Section A of the Authorization Form, we will not be able to process your request for Direct Deposit.**

NOTE: In accordance with the Plan's Rules and Regulations, no Participant, Pensioner or Beneficiary entitled to any benefits from this Pension Plan shall have the right to assign, alienate, transfer, encumber, pledge, mortgage, hypothecate, anticipate, or impair in any manner his or her legal interest in any of the assets of or benefits payable by the Pension Fund. For this reason, the Depositor Account identified in Section A must be in your name, either singly or jointly.

**Section B Instructions** If your Depositor Account is a Checking Account, attach a **Voided Check** bearing your name to Section B. Please make sure that your voided check has your name pre-printed on it. **If you do not attach a voided pre-printed check to Section B, we will not be able to process your request for Direct Deposit.**

**Section C Instructions** If your Depositor Account is a Savings Account, attach a **Pre-Printed Deposit Slip** bearing your name, account number and bank routing number to Section C. If you do not have a pre-printed Deposit slip, please have Section C completed by a representative of your financial institution. **If you do not attach a pre-printed deposit slip or have a representative from your financial institution complete Section C, we will not be able to process your request for Direct Deposit.**

After your completed Authorization Form is returned to the Fund Office, you should plan on about a 45-day waiting period before the initial direct deposit of your monthly benefit. You will be contacted if additional information is necessary. In order to prevent any interruption in the payment of your pension, you will continue to receive your monthly pension check by mail during this initial processing time. As soon as your request has been successfully processed, your monthly benefit amount will be electronically deposited into your Depositor Account on the **first business/banking day of each month**. You will receive a written verification from the Fund Office in advance of the date of your first electronic deposit. If you change your Depositor Account or Financial Institution in the future or wish to terminate the electronic deposit of your pension benefit, please notify the Fund Office in writing.

**IMPORTANT: PLEASE KEEP YOUR ADDRESS CURRENT** with the Fund Office. There may be many important mailings throughout the year, especially the mailing of your Form 1099R for tax reporting.

If you require additional information in completing the Authorization Form, we suggest that you contact a representative of your Financial Institution for assistance.

Sincerely yours,

Charles Langone  
Fund Manager