

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 98 BENEFIT FUNDS

40 Hudson Drive, PO Box 1290, Southwick, MA 01077
Telephone: (413)998-3230 Fax: (413)998-3249

HEALTH & WELFARE FUND
PENSION FUND
ANNUITY FUND
J L M COOPERATIVE TRUST



Kara A. Richotte
FUND ADMINISTRATOR

DIRECT DEPOSIT AUTHORIZATION FORM

Direct deposits are processed on the 1st of the month (unless the 1st is on a weekend or a holiday then it is processed on the next business day). Please complete this form and return to the address above.

Social Security Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

PLEASE ATTACH A VOIDED CHECK (must include voided check or letter from bank)

Bank Name: _____

Routing Number: _____

Account Number: _____

Check One of the following: Checking Account _____ Savings Account _____

I hereby request that, until further written notice from me is received the I.U.O.E. Local 98 Pension Fund, all pension benefit payments be direct deposited into my account at the financial institution listed above. I acknowledge that the bank designated above has the right to refund any overpayment(s) made to me through my account to the Fund regardless of the reason for such overpayment(s).

Participant's Signature: _____ Date: _____

Office Use Only: Effective Date of Direct Deposit: _____