

U.A. LOCAL 159 DEFINED BENEFIT PLAN

4160 DUBLIN BOULEVARD SUITE 400 DUBLIN CA 94568

Phone: Toll Free (866) 295-6402

Fax: (925) 833-7301

YOU CAN HAVE YOUR PENSION CHECKS DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT. IF YOU WISH DIRECT DEPOSIT, PLEASE COMPLETE THE UPPER PORTION OF THIS AGREEMENT AND HAVE AN OFFICER OF THE BANK COMPLETE THE LOWER PORTION. RETURN THE COMPLETED AGREEMENT TO THE TRUST FUND OFFICE ALONG WITH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.

PAYEE DEPOSIT AGREEMENT

NAME: _____ SOCIAL SECURITY # _____
(Please Print Name)

FULL NAME OF BANK: _____

BANKS MAILING ADDRESS: _____

BANK ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

☐ CHECKING ACCOUNT

☐ SAVINGS ACCOUNT

AGREEMENT BY PAYEE

I request that the U.A. Local 159, DEFINED BENEFIT Pension Trust Fund, H.S.B.A, deposit to my account all benefit payments due me under the terms of which I am entitled to receive payments.

If the bank receives a check after they are notified of my death, they will return the check to the Trust Fund Office. If a check is deposited after my death, I authorize the bank to refund the money when the Trust Fund Office requests a refund. I can cancel this arrangement at any time by writing to the Trust Fund Office.

SIGNATURE

DATE

AGREEMENT BY THE BANK

In consideration of the payment to us of the installments in accordance with the foregoing request, we hereby agree to return to you any amounts that may have been paid to us for credit to the above referenced individual and account number in case it develops that said payee's death occurs before such payments may become due.

NAME OF BANK: _____

AUTHORIZED OFFICER: _____ TITLE: _____
PRINT NAME

SIGNATURE

DATE