

LOCAL 463 Pension Fund

Signature Affidavit / Authorization Form

PRINT FULL NAME: _____

SOCIAL SECURITY: XXX-XX-_____ TELEPHONE NUMBER: (_____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

Please indicate address change: YES NO

I authorize you to deposit my net pension payment automatically to my account specified below each month by initiating credit entries to my account electronically or by other commercially accepted method. I authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the institution a reasonable opportunity to act on it.

I certify that I am already receiving my monthly pension by Direct Deposit.

If you make any changes, please include a void check and/or copy of the bank savings statement.

Checking

Savings

Account Number: _____

Routing Number: _____

Do you have a power-of-attorney? YES _____ NO _____

(If you have indicated yes, then please attach a copy of the power-of-attorney to the form)

SIGNATURE: **X** _____ (Must be signed in front of notary)

State _____ County _____

I do solemnly dispose and swear that on this _____ day of _____ in the year of _____ before me personally came and appeared

_____ to me known, and know to me to be individual herein, and to who executed the foregoing instrument, and being duly sworn, acknowledged to me that the Signatory above actually did execute/endorse same or shall execute/endorse same.

X

Signature of Notary and Seal

Date

Notary Stamp and Year

40 Marcus Drive Suite 212 Melville, NY 11747

Phone: (631) 393-2963 - Fax: (631) 393-2964 - E-mail: union@local463iue.com

Website: www.local463iue.com