

Northwest Ironworkers Trust Funds

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Administered by

Welfare & Pension Administration Service, Inc.

AUTHORIZATION AGREEMENT FOR ELECTRONIC PENSION BENEFIT DEPOSIT

I hereby authorize the Northwest Ironworkers Retirement Trust to make Pension benefit deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives written notice from me instructing them otherwise. I understand that it can take up to (30) thirty days to make bank and/or account number changes or to discontinue my electronic deposit.

In the event an amount should be credited in error to my account, including, but not limited to, by reason of my death prior to the date on which any payment shall become due, I authorize the Trust Fund to direct the Depository to make the appropriate debit adjustment.

Name: _____

Retirement Number: _____ N/A _____ Social Security Number: _____

Home Address: _____

_____ Zip Code: _____

Phone Number: (_____) _____

Name of Financial Organization: _____

Bank's Phone Number: (_____) _____

Bank's Mailing Address: _____

_____ Zip Code: _____

Routing Number: _____ Account Number: _____

Account Type: _____ Savings _____ Checking

Amount of Monthly Benefit _____

Signature: _____ Date: _____

NOTE: If you sign up for Electronic Deposit of your monthly benefit, you should be aware that the Trust will mail you a Continuation Form each year to ensure that you are receiving your payments at your Financial Organization and to make sure the Trust's electronic banking information is correct.

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP