

Carpenters' Local No. 491

Pension Plan

911 Ridgebrook Road

Sparks, Maryland 21152-9451

Toll Free Telephone (888) 494-4443

www.associated-admin.com

Electronic Funds Transfer (EFT) Form

We know how important it is for you to receive your monthly pension benefit safely and without delay. We ask that you consider an electronic funds transfer of your monthly pension which will allow the Fund to deposit your check directly into your bank account, either checking or savings. This means your pension amount will be available to you no later than the close of business on the 1st business day of the month so you won't have to worry about waiting for the mail to be delivered or driving to the bank to deposit a paper check.

If you wish to elect direct deposit, please complete and return this form using the return envelope provided. Please note we must receive this form no later than the 14th of the month for this change to be effective the 1st of the following month.

_____ I hereby authorize the Pension Fund ("Fund") to deposit my monthly pension benefit payments into my account identified as and held at the Financial Institution named below, and I authorize that such account exists and that the Financial Institution can make deposits without responsibility for correctness of such amount.

Signature _____
Date

My authorization will remain in effect until I give written notice to terminate this authorization to the Fund Office in sufficient time and manner as to allow the Fund Office to act on it. In addition, either the Fund or the Financial Institution can terminate this agreement by providing me with their written notice at least ten (10) days prior to actual termination.

Attach Voided Check Here

If you select your checking account, you must attach a voided check. If you select your savings account, you must obtain a letter from the bank with this information. No deposit ticket will be accepted for either type of account. If you have recently established a new account with a bank and cannot attach a voided check, please provide us with a letter directly from the bank with the necessary information. If you do not attach the required information your monthly checks will continue to be mailed to your home.

Name(s) and Their Full Mailing Address of Any Other Person(s) Listed on the Account

Retiree Name (please print) Social Security Number

Retiree Signature Phone Number (including Area Code) Date

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Important!! If your address changes while you are receiving electronic transfer, you must notify the Fund Office in writing. We need your correct address so we can contact you regarding benefit changes, tax information, and other required information. Please note that you will not receive written confirmation of the transfer from the Fund Office. You may, however, call your bank to verify the transfer has been completed or you may call the Fund Office's Automated Benefit Information ("ABI") System at (800) 638-2972.