

IRON WORKERS' LOCALS NO. 15 AND 424 PENSION FUND

**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT OF PENSION CHECKS**

Pensioner's Name: _____
Social Security Number: _____ Telephone Number: _____

I hereby authorize the Iron Workers' Locals No. 15 and 424 Pension Fund to deposit my pension benefits directly into:

Name of Bank: _____
Bank Address: _____

(City) (State) (ZIP Code)

Bank Phone Number: _____

Type of Account: _____

(Checking or Savings) (If Checking, attach VOIDED check)

Account Number: _____

Routing Number: _____

(For Checking, the Routing Number is the 9-digit number found on the bottom left hand corner of your personal check. See check copy on the bottom of this page. For Savings, contact your Bank for the Routing Number)

I also authorize and direct the Bank to charge said Account, or the account of my Estate, for any payment made subsequent to my death or in error, and to refund any such payment to the Iron Workers' Locals No. 15 and 424 Pension Fund.

Signature: _____ Date: _____

Note: Effective January 1, 2005, the Pension Fund requires the direct deposit of your pension benefits. If you believe the direct deposit of your pension will result in a hardship to you, you may request an exemption from the direct deposit requirement by sending to the Trustees a written request for exemption from the direct deposit requirement, explaining your claim of hardship.

Please return this Authorization Agreement (with a VOIDED check, if deposit to be made to a checking account), to:

**Iron Workers' Locals No. 15 and 424 Pension Fund Office
162 West Street Bldg. 2 Ste J
Cromwell, CT 06416**

If you have any questions about completing the Authorization Agreement, please call the Fund Office at (203) 238-1204. The fax number is (203) 639-0815.

