

# SHEET METAL WORKERS' NATIONAL PENSION FUND

## DIRECT DEPOSIT OF RETIREMENT CHECKS

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Area Code)

I hereby authorize the Sheet Metal Workers' National Pension Fund to directly deposit my benefit checks to:

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

Bank Telephone Number: \_\_\_\_\_  
(Area Code)

Type of Account: \_\_\_\_\_  
(checking or savings)

Account Number: \_\_\_\_\_

ABA # (routing): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if you wish to receive a monthly voucher. \_\_\_\_\_

*To prevent identity theft and conserve funding, the Fund will not print monthly statements unless requested.*

**\*\*\*NOTE: This may take up to 6 weeks to be effective. Checks will be sent to current home mailing address on file with the Fund until direct deposit processes.**

Please return this form with a ***void check*** directly to the address listed below. **DO NOT ENCLOSE A DEPOSIT FORM. DO NOT INCLUDE ADDRESS CHANGES OR TAX DEDUCTIONS ON THIS FORM.**

Should you wish to retract this direct deposit authorization and start receiving your retirement checks by mail, please write:

Sheet Metal Workers' National Pension Fund  
8403 Arlington Blvd, Suite 300  
Fairfax, VA 22031  
Phone (800)-231-4622 FAX (703) 739-7836  
[info@smwnbf.org](mailto:info@smwnbf.org)