

# SHEET METAL WORKERS' NATIONAL PENSION FUND

## DIRECT DEPOSIT OF RETIREMENT CHECKS

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

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

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

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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: \_\_\_\_\_

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**\*\*\*NOTE: This change 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  
Edward F. Carlough Plaza  
601 North Fairfax Street, Suite 500  
Alexandria, VA 22314-2075