

DIRECT DEPOSIT AUTHORIZATION FORM

Instructions for completing Direct Deposit Form

1. All sections must be completed, and all sections requiring a signature **must** be signed.
2. Make sure to indicate whether you have a savings, checking, or reloadable card.
3. If using a reloadable card, contact the card service provider for the account number and routing number (this is not the number on the face of your card).
4. This form can be mailed to the address below, faxed to 1-703-739-7836, or emailed to updates@smwnbf.org. If you fax or email your form, please call the Fund Office to confirm receipt of your form.

Retiree / Beneficiary Name: _____ Last 4 digits of your Social Security _____

Telephone Number: _____ Email Address: _____

Name of Bank: _____

Account Type: Checking Savings Reloadable card

Please be advised we are unable to accept Trust Accounts.

Include copy of a
voided check or proof of account
ownership from bank.

Ownership of Account: Self Joint

Account Number: _____

ABA # (routing): _____

Please return this form with a void check or a form/letter from the bank with the new account information.

By signing this agreement, I authorize the Sheet Metal Workers' National Pension Fund (the "Fund") to initiate credit entries to the account listed above for receiving my benefits and to debit such account for entries or adjustments for any credit entries made in error. *Additionally, if the Fund remits payments to my account after my death, I hereby authorize the financial institution listed above to provide to the Fund information concerning these payments, the status of the account (open or closed), and persons with access to the account. Such authorization constitutes an exception as described in 15 USC 6802(e)(2) and authorization to release such information pursuant to the financial institution's privacy policy.*

Signature: _____ Date: _____

If the account is a joint account - that individual **must** also sign to indicate agreement with the statement above.

Signature: _____ Date: _____

Print name of Joint Account Holder: _____

****NOTE: This may take up to 6 weeks to be effective. Please be advised that checks will be sent to the home mailing address currently on file with the Fund until the direct deposit processes. If you wish to make changes in your address or tax withholdings please contact the Fund Office for additional information.**

SHEET METAL WORKERS' NATIONAL PENSION FUND
3180 Fairview Park Drive Suite 400
Falls Church, VA 22042
Phone (800)-231-4622 FAX (703) 739-7836