

# Twin City Iron Workers Pension Plan

## Payee Deposit Agreement

Please return this completed form to the address listed at the bottom of this page.

(Please PRINT all Information.)

I, the undersigned, hereby certify that I am a named signer on the below account and authorize the Twin City Iron Workers Pension Plan ("Fund") and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments to my designated bank account below, including any amounts erroneously deposited therein. This authorization shall remain in force until I revoke it in writing or until the Fund receives notification of my death, whichever occurs first.

### **PARTICIPANT'S INFORMATION**

Name of Participant/Payee \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **FINANCIAL INSTITUTION INFORMATION**

Please provide a copy of a voided check or letter from your financial institution with your account number and routing number.

Name of Financial Institution: \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your Financial Institution accept "Automated Clearing House" (ACH) transactions? ☐ Yes ☐ No

Bank Routing # (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account (check one): ☐ Checking/Share draft ☐ Savings

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **PARTICIPANT'S AUTHORIZATION**

Do not sign unless you are in the presence of a Notary Public or authorized Fund Office Representative.

Signature of Participant/Payee \_\_\_\_\_ Date Signed \_\_\_\_\_

**This form must be signed in front of a Notary Public or Fund Office Representative.**

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

My commission expires: \_\_\_\_\_

Signature of Notary Public

(SEAL)

OR

Witness by Fund Office Representative:

#### **FOR FUND OFFICE USE ONLY**

☐ View original identification document

\_\_\_\_\_  
*Signature of Fund Office Representative*

\_\_\_\_\_  
*Print Name*

Managed for the Trustees by: WILSON-MCSHANE CORPORATION

3001 Metro Drive, Suite 500 | Bloomington, MN 55425

952-854-0795 | TOLL FREE 800-535-6373 | FAX 952-851-3566

www.tcironworkersbenefits.com