

1199SEIU Pension Funds

330 West 42nd Street • New York, NY 10036-6977 • Tel: (646) 473-8666 • Outside NYC area codes: (800) 575-7771 • www.1199SEIUBenefits.org

Direct Electronic Deposit Authorization

(A minimum of four [4] weeks to put into effect)

Please print clearly in black or blue ink. **Remember to sign and date this form or it will not be valid.**

Member's full name _____ Member ID # or Social Security # _____

Member's address _____ City _____ State _____ Zip code _____

Member's telephone _____ Beneficiary's Social Security # (if applicable) _____

Election of Direct Deposit (choose one):

- New pension direct deposit
- Bank by mail (For banks in foreign countries or banks that do not accept direct deposit. We will mail the check directly to your financial institution, because we cannot send it electronically.)
- I am changing my current financial institution to the financial institution listed below.
- I am staying with my financial institution, but my account information has changed (listed below).
- Cancel my direct deposit and send my checks to my home address listed above.

Check the box for your Pension Fund:

- Health Care Employees
- Greater New York
- Home Care

Fill out this section if you are signing up for direct deposit or if you are changing your direct deposit. If you are canceling your direct deposit, leave this section blank.

Type of account: Savings Checking _____
Effective date

Routing # (9 digits) _____ Account # _____

Name of financial institution _____

Address of financial institution _____ City _____ State _____ Zip code _____

X _____
Financial institution's authorizing signature

Financial Institution Stamp Below

Note: Checking accounts require a voided check with the account holder's name pre-printed on the check, or a stamp from the financial institution on this form, or a signed letter from the financial institution on company letterhead confirming the account holder, routing number and account number.

Savings accounts require a stamp from the financial institution on this form or a signed letter from the financial institution on company letterhead confirming the account holder, routing number and account number.

Until further written notice from me, I hereby authorize the "1199SEIU Health Care Employees Pension Fund" or "1199SEIU Greater New York Pension Fund" or "1199SEIU Home Care Employees Pension Fund" to: (a) deposit my pension amount in my account, chosen above; and (b) make adjustments and have my account charged for any erroneous credits or other amounts to which I am not entitled.

I further understand that should I choose to sign up for direct deposit or change my existing account, I must submit a new, completed form to the Pension Fund at least one month before my account is closed. I understand that this is a completely voluntary service provided by the Pension Fund for my convenience and that it can be terminated by the Pension Fund or by me at any time. Because the wrong number can lead to my pension being sent to the wrong person's account, I have taken great care to ensure, to the best of my knowledge, that my account type, account number and routing number are all correct.

X _____
Member's signature _____ Date _____