

1199SEIU Pension Funds

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

Direct Electronic Deposit Authorization

(Please allow a minimum of four (4) weeks for this authorization to be processed.)

Please print clearly in black or blue ink, or complete online. **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 PREFERRED PHONE

BENEFICIARY'S SOCIAL SECURITY # (IF APPLICABLE)

Election of Direct Deposit – you must sign and date this form to make any change (choose one):

- New pension direct deposit
- Cancel my direct deposit and send my checks to my home address listed above

For direct deposit into a checking account: Requires a voided check with the account holder's name pre-printed on the check; 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.

For direct deposit into a savings account: Requires 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.

For banks in foreign countries or banks that do not accept direct deposit: Your check will be mailed directly to your financial institution because it cannot be sent electronically.

Check the box(es) for your Pension Fund(s):

- Health Care Employees
- Greater New York
- Home Care

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

Type of account (choose one): Savings Checking _____
EFFECTIVE DATE (MM/DD/YYYY)

ROUTING # (9 DIGITS)

ACCOUNT #

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

X _____
FINANCIAL INSTITUTION'S AUTHORIZING SIGNATURE (REQUIRED)

Financial Institution Stamp Below

Until further written notice from me, I hereby authorize the 1199SEIU Health Care Employees Pension Fund, the 1199SEIU Greater New York Pension Fund and/or the 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 close or change this account, I must give a new completed form to the Pension Department at least two (2) weeks before the direct deposit is to be terminated. I understand that direct deposit is a completely voluntary service provided by the 1199SEIU Pension Funds for my convenience, and that it can be terminated by the Funds or by me at any time. Because the wrong number can lead to my pension amount being sent to the wrong person's account, I understand that I must ensure my account type, account number and routing number are all correct.

X

MEMBER'S SIGNATURE (REQUIRED)

DATE (MM/DD/YYYY) (REQUIRED)