

1199SEIU Pension Funds

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Pension Payment Election Form

(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.**

PAYEE'S FULL NAME

PAYEE ID # OR SOCIAL SECURITY #

PAYEE'S ADDRESS

CITY

STATE

ZIP CODE

PAYEE'S PREFERRED PHONE

PAYEE'S EMAIL ADDRESS

Election of Payment Option – All of your pension payments will be made via the option you choose.

You must sign and date this form to make any change (*choose one*):

Pension payment by Direct Deposit Pension payment by ADP Wisely Pay Card

For direct deposit into a checking account:

Requires 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.

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.

For the ADP Wisely Pay Card: Requires a physical mailing address in the U.S. Cannot be mailed to a PO Box.

Fill out this section if you are signing up for direct deposit. If you are choosing to receive payment via a reloadable ADP Wisely Pay Card, 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

Based on my selection above, and 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 either make my pension payment via a reloadable ADP Wisely Pay Card, or: (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.

I understand that if I choose the ADP Wisely Pay Card option, I am confirming my voluntary authorization to receive my pension payment through the Prepaid Card. I acknowledge that I have received and read the Prepaid Card Fee Schedule, Cardholder Agreement and Privacy Notice. I understand that in order to use the ADP Wisely Pay Card, I will need to accept and agree to the Cardholder Agreement and Fee Schedule by activating my Card. By electing the ADP Wisely Pay Card as my pension payment choice, I am consenting to provide my personal information to ADP to enroll in and request a Prepaid Card. **IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open a Prepaid Card account, ADP may require your name, address, date of birth, Social Security number, taxpayer identification number and other information that will allow ADP to identify you. ADP may also ask to see your driver license or other identifying documents. You will not be subject to a credit check.

X

PAYEE'S SIGNATURE (REQUIRED)

DATE (MM/DD/YYYY) (REQUIRED)