

Western Metal Industry Pension Fund

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (206) 664-7300 or (800) 426-7132 • Fax (206) 695-0984 • Website: www.wmipension.org

Administered by
Welfare & Pension Administration Service, Inc.

AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY BENEFITS

I, the undersigned benefit recipient, hereby request and authorize the WMI Pension Fund to deposit all benefit payments due me directly to my bank account identified below. It is understood and agreed that this authorization will remain in effect until the earliest of: my death, my ineligibility for benefits or my written instructions to cancel.

I further authorize and direct the bank named below to debit my account and refund the WMI Pension Fund any amounts received from the Trust to which I am not entitled.

Signature of Benefit Recipient: _____ **Date:** _____
(If signature is other than benefit recipient, Power of Attorney or Guardianship document is required.)

Printed name: _____

Social Security Number: _____
(at least the last 4 digits are required)

Mailing Address: _____

Check this box if this is a new address

Phone Numbers: Home: (_____) _____ Cell: (_____) _____
Area code Area code

Type of Account: **Checking** or **Savings**

Name of your Bank: _____
Bank Branch: _____
Branch Phone #: _____ Area Code: (_____) _____
Bank Address: _____

Important:
You must attach a pre-printed deposit slip or voided check

If you do not have a pre-printed deposit slip or pre-printed check, please see the back of this form for additional instructions.

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TO: Benefit Recipient
RE: Direct Deposit

If you wish to have your monthly benefit sent directly to your bank, please complete the authorization form on the reverse side, being sure to include a phone number where we can reach you, and return it to the Administration Office along with one of the following:

- 1) A deposit slip from your checkbook, with your name and address information pre-printed by the bank,

OR

- 2) A voided check, with your name and address information pre-printed by the bank,

OR

- 3) If you have a new checking or savings account and do not have pre-printed deposit slips, you will need to obtain a letter from your banking facility. **The typed letter must be on bank letterhead and contain the following: Your name, account number, bank routing number and the signature of an authorized employee of your banking facility.**

Here is how direct deposit works:

- We receive your signed and dated authorization form along with one of the documents listed above as proof of account ownership.
- We enter your account number, account type (*checking or savings*), and the routing number of your bank into our system.
- Assuming all necessary documents are received no later than the 15th of the month, your benefit will be deposited directly into your account no later than the first business day of the following month. This also assumes you are eligible for benefits that month.

PLEASE BE SURE TO KEEP THIS OFFICE NOTIFIED OF ANY ADDRESS CHANGES:

If correspondence from the Trust is returned marked as "undeliverable as addressed" or "forwarding order expired" from the Post Office, **we may suspend your benefits until we hear from you.** Address changes must be submitted to the Trust in writing, and be signed by the Benefit Recipient, Guardian or Power of Attorney. Signature of a Guardian or Power of Attorney is valid only if a copy of said legal document is on file with the Administration Office or attached to this form.

NOTICE:

The Trust no longer provides an Advice of Deposit for direct deposits. However, an Advice of Deposit statement can be printed if specifically requested in writing by you, the Benefit Recipient. Advices of Deposit will be mailed on the last business day of each month.

If you have any questions on direct deposit, call the Administration Office at (206) 664-7300 or toll free at 1(800) 426-7132. Our fax number is (206) 695-0984.