MANDATORY

IAM National Pension Fund

AUTHORIZATION FOR DIRECT DEPOSIT

Please attach one of the following verification documents with this form.

- Voided check with the benefit recipient's current pre-printed name, address, account number and routing number.
- Pre-printed direct deposit form from the benefit recipient's financial institution, including pre-printed name, current address, account number and routing number.
- Letter from the financial institution on letterhead, which verifies the name(s), current address, account number and routing number.

You may submit the forms via fax or email.

Fax: (202) 463-8098 **Email: documents@iambfo.org**

Failure to attach one of the required verification documents listed below will result in your direct deposit request not being processed.

Benefit Recipient (Pensioner, Surviving Spouse or Beneficiary):

Name: _____ **Last 4 digits of SSN:** _____

Address: _____

City: _____ **State:** _____ **Postal/Zip Code:** _____

Contact Number: _____ **Email:** _____

Name of Bank: _____

Check one: ◯ Checking ◯ Savings

ABA Routing #: _____ **Account #:** _____

I hereby authorize the IAM National Pension Fund (the "Fund") to make all my retirement plan payments to my account at the financial institution listed above in the form of direct deposit. If my account is a joint account, my joint account holder(s) have signed below. If an overpayment is credited to my bank account during or after my lifetime, I authorize and direct the financial institution designated above to debit my account and refund any overpayment to the Fund. I also authorize and direct the financial institution listed above to provide the Fund information concerning any payments made after my death, the status of the account (open or closed), and the persons with access to the account. This authorization and direction is provided under 15 USC 6802(e) (which requires consent to the disclosure of nonpublic personal information by a financial institution), and pursuant to the financial institution's privacy policy. This authorization will remain in effect until the Fund has received written notification from me of its termination and the Fund has had a reasonable chance to act on it. I promise to notify the Fund of any changes to the account, such as a new joint account holder.

_____ _____

Signature of Benefit Recipient Date

Wet signature required. Electronic signatures will not be accepted.

Statement of Joint Account Holders(s):

I hold the above account jointly with the account holder named above. I promise to notify the IAM National Pension Fund (the "Fund") promptly in the event of the death or incapacity of the account holder. I authorize the Fund to debit the account for any payments made after the death or incapacity of the account holder named above. I further agree to reimburse the Fund any amounts that are not returned to the Fund through debits to the account.

Joint Account Holder Name(s):

_____ _____

Signature of Joint Account Holder (1) Signature of Joint Account Holder (2)