



Benefit Funds

PENSION | HEALTH & WELFARE | 401K

1800 Massachusetts Ave., NW • Suite 301
Washington, DC 20036-1202
(202) 730-7500 • (800) 458-1010 (Toll Free)
(202) 842-0046 Fax
Email: pensionfunds@seiufunds.org

Pension Plan for Employees of SEIU Direct Electronic Deposit Authorization

Print clearly in black or blue ink

Full Name: _____

Pensioner Social Security #: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If this is a new address, please check this box to update your permanent address on file

Beneficiary Social Security # (if you are receiving a death benefit): _____

Election: You must sign and date this form to make any changes (choose one)

- New Pension Direct Deposit
- Change from my current financial institution to the financial institution listed below
- I am staying with my financial institution, but my account information has changed

Please complete this section to add or change your direct deposit information.

Type of Account: Savings Checking

Name of Financial Institution: _____

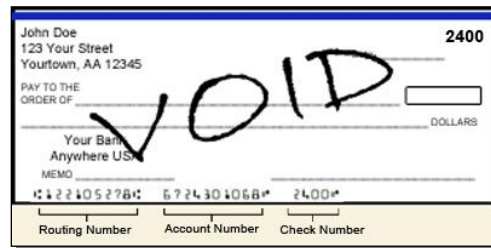
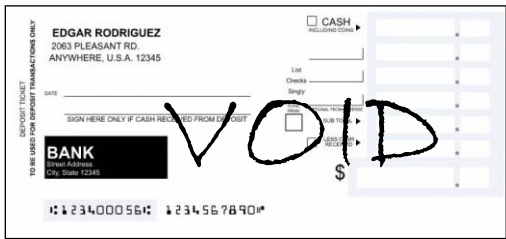
Address of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Routing # (9 digits): _____ Account #: _____

If you are using a checking account, attach a blank unsigned check to the form with your name preprinted on the check. Starter checks are not acceptable. On the check, please ensure that it is marked with the word "VOID" across the front.

If you are using a savings account, attach a deposit slip with the account holder's name preprinted on the deposit slip, a printout or signed letter on letterhead from the financial institution confirming the account holder's name, routing number and account number. If you are using a deposit slip, please make sure it is marked with the word "VOID" across the front.



I hereby authorize the Pension Plan for Employees of SEIU and my financial institution to deposit my pension benefits directly into the account listed above. I agree that if the Pension Fund directly deposits my pension benefits, it will not be responsible for amounts withdrawn from my account by another person or organization. If any amounts are deposited to my account by the Pension Fund in error (including deposits made after my death), I authorize my financial institution to charge my account for these amounts and to refund these amounts to the Pension Fund. I understand that providing incorrect information may lead to my pension benefits being sent to someone else's account and I have confirmed that the Account #, Account Type and Bank Routing # provided above are correct. This authorization will remain in effect until I provide the Pension Fund at least 30 days' notice of any change or cancellation.

Pensioner/Beneficiary Signature X: _____

Date: _____