

Alaska Plumbing and Pipefitting Industry Pension Fund

Physical Address 375 W. 36th Avenue Suite 200 Anchorage, Alaska 99503 • Mailing Address PO Box 93870 Anchorage, Alaska 99509
Phone (907) 561-5119 or (800) 325-6532 • Fax (907) 561-4802 • Website www.akpipetrades.com

Administered by
Labor Trust Services, Inc.

AUTHORIZATION AGREEMENT FOR ELECTRONIC PENSION BENEFIT DEPOSIT

I hereby authorize the Alaska Plumbing and Pipefitting Industry Pension Trust Fund to make Pension benefit deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives **written notice** from me instructing them otherwise. I understand that it can take up to thirty (30) days to make bank and/or account number changes or to discontinue my electronic deposit.

In the event an amount should be credited in error to my account, including, but not limited to, by reason of my death prior to the date on which payment shall become due, I authorize the Trust Fund to direct the Depository to make the appropriate debit adjustment.

Name: _____

Retirement Number: _____ Social Security Number: _____

Mailing Address: _____

Telephone Number:(_____) _____ Cell Phone or Msg. Number:(_____) _____

Name of Financial Organization: _____

Bank's Mailing Address: _____

Bank's Telephone Number:(_____) _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Signature: _____ Date: _____

To ensure that your retirement checks are received timely and your retirement records are up-to-date, a Continuance Form will be mailed to you annually. If the Continuance Form is not returned, your retirement benefits will be withheld until the Administration Office has received your completed form

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP