

Cement Masons & Plasterers Trust Funds

2815 2nd Avenue, Suite 300 • P.O. Box 34203 • Seattle, Washington 98124
Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-9727

Administered by
Welfare & Pension Administration Service, Inc.

AUTHORIZATION AGREEMENT FOR ELECTRONIC PENSION BENEFIT DEPOSIT

I hereby authorize the Cement Masons & Plasterers Pension Trust 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 (30) thirty 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 any payment shall become due, I authorize the Trust Fund to direct the Depository to make the appropriate debit adjustment.

Name _____

Retirement Number N/A Social Security Number _____

Mailing Address _____
_____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Name of Financial Organization _____

Bank's Phone Number (____) _____

Bank's Mailing Address _____
_____ Zip Code _____

Routing Number _____ Account Number _____

Account Type _____ Savings _____ Checking _____

Amount of Monthly Benefit _____

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 checks will be withheld until the Administration Office has received your completed form.

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP.