

Alaska United Food and Commercial Workers Pension Fund

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Administered by
Welfare & Pension Administration Service, Inc.

DEFINED BENEFIT PENSION PLAN AUTHORIZATION AGREEMENT ELECTRONIC FUNDS TRANSFER (EFT)

The Alaska United Food and Commercial Workers Pension Fund offers you the option to have your monthly benefit payment electronically transferred to your bank, credit union or other financial institution.

I hereby authorize Alaska United Food and Commercial Workers Pension 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 (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 (please print) _____

Social Security Number _____ WPAS ID _____

Mailing Address _____

This is a new Address

_____ Zip Code _____

Home Phone Number _____ Cell Phone _____

Email Address _____

Name of Financial Organization/Bank _____

Bank's Phone Number (_____) _____

Bank's Mailing Address _____

City _____, State _____ Zip Code _____

Account Type (Please mark one) Savings Checking

Routing Number _____ Account Number _____

PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR THE NECESSARY NUMBERS REQUESTED AND ENCLOSE EITHER A BANK VERIFICATION LETTER OR A VOIDED CHECK

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.