GREATER PENNSYLVANIA CARPENTERS' PENSION FUND

EMPLOYEE TRUSTEES

WILLIAM C. SPROULE
CHAIRMAN
DONALD J. MADEJA
DOUGLAS R. MARTIN
JOEL L. NIECGORSKI
STEVEN N. SCHRECENGOST
PAUL A. SIMPSON, III
RICHARD M. TOMLINSON
KENNETH W. UMBEL
WILLIAM R. WATERKOTTE

ADMINISTRATIVE OFFICE:

CARPENTERS' COMBINED FUNDS, INC.

James R. Klein, Administrator
650 RIDGE ROAD – SUITE 300
PITTSBURGH, PENNSYLVANIA 15205-9503
PHONE (412) 922-5330
FACSIMILE: (412) 922-3420

http://carpenterscombinedfunds.org

EMPLOYER TRUSTEES

DAVID D. DAQUELENTE SECRETARY-TREASURER EUGENE B. BROWN ROBERT BUECHEL ROBERT M. CANE, II DOMENIC P. DOZZI ROBERT F. LEAHEY JOHN PANZITTA JOHN SABATOS GLENN A. SIEBER

Please complete the enclosed authorization form for direct deposit of your monthly pension benefit. Your monthly check will be deposited on the FIRST BUSINESS day of each month.

If your deposit will be going into a checking account, attach a voided check so that we have the routing number and account number. If your deposit will be going into a savings account, please provide us with a verification on bank letterhead giving us the routing number and account number. Also, the bank verification letter MUST BE SIGNED BY YOU.

After we receive the completed form, it will take a minimum of thirty days to process and test the transaction <u>SO YOUR NEXT CHECK MAY BE SENT TO THE BANK IN THE MAIL.</u> PLEASE ALLOW EXTRA TIME FOR THE FIRST MONTH SINCE <u>THE CHECK MAY BE MAILED TO THE BANK.</u> By the following month, your electronic deposit should be activated. <u>DO NOT WRITE ANY CHECKS AGAINST YOUR ACCOUNT WITHOUT FIRST VERIFYING THAT YOUR DEPOSIT HAS BEEN RECORDED.</u>

Please do not hesitate to contact the Fund Office should you have questions on this matter.

GREATER PENNSYLVANIA CARPENTER'S PENSION FUND

442018

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AUTHORIZATION FORM FOR DIRECT DEPOSIT OF MONTHLY PENSION CHECK

THIS ENTIRE FORM MUST BE FILLED OUT OR IT WILL BE RETURNED TO YOU

| MEMBER'S NAME | S.S.# |
|---|--|
| ADDRESS: | CELL# |
| | PHONE # |
| CITY: | STATE: ZIP: |
| E-MAIL ADDRESS: | |
| BANK INFORMATION | ON <u>MUST</u> BE COMPLETED |
| NAME OF BANK: | PHONE: |
| BANK ADDRESS: | |
| CITY: | STATE:ZIP: |
| TYPE OF ACCOUNT | OWNERSHIP OF ACCOUNT |
| () CHECKING (Attach VOIDED Check) () SAVINGS (Attach BANK VERTIFICATION which MUST Include Your Signature) | () SELF () SPOUSE () SELF AND SPOUSE/OTHER |
| *************** | ********** |
| I hereby authorize my monthly pension check to be do understand that the first check may be mailed to the bomy account. | eposited directly into the above bank account. I ank and that I need to verify the deposit before I access |
| MEMBER'S SIGNATURE: | DATE: |