



IAM National Pension Fund
99 M Street S.E., Suite 600
Washington, DC 20003-4595
www.iamnpf.org | Phone 800-424-9608

Signature Form

Re: Deceased ID# _____ Covered Employee

To the Board of Trustees:

Below is the signature which will be used by me at all times in endorsing Pension checks which you will send to me. NOTE: if card is signed by a mark, the card must have the signature of two witnesses.

ALL SIGNATURES MUST BE IN INK.

Signature of Spouse/Beneficiary

Date Signed

Social Security Number of Spouse/Beneficiary

Your Date of Birth

If signature is a mark, signature of witness

Date Signed

If signature is a mark, signature of witness

Date Signed

IAM NATIONAL PENSION FUND

AUTHORIZATION FOR AUTOMATED DEPOSITS

Benefit Recipient (Pensioner, Surviving Spouse or Beneficiary):

Name: _____ SS#: _____

Address: _____

City, State, Zip Code: _____

Home Telephone Number _____ Cell Number _____

Name of Bank: _____

Bank Address: _____ Bank Telephone: _____

City, State, Zip Code: _____

Check one: Checking _____ Savings _____

ABA Routing #: _____ Account #: _____

I hereby authorize the IAM National Pension Fund to initiate credit entries and to initiate, if necessary, debits and adjustments for any credit entries made in error to the account listed above. This authorization is not given to carry into effect an assignment of benefits to anyone of my rights to receive my pension payments. This authorization is to remain in full force and effect until the IAM National Pension Fund has received written notification from me of its termination in such time and in such manner as to afford the Fund a reasonable opportunity to act on it. I promise to notify the Fund of any changes to the account. I understand that the IAM National Pension Fund may pay benefits only to an individual and that my receipt of benefits will be deemed income to me.

Date

Signature of Benefit Recipient

Statement of Joint Account Holders(s):

This is to certify that I hold the above account jointly with the above named Benefit Recipient. I promise to notify the IAM National Pension Fund in the event of the death or incapacity of the Benefit Recipient. I authorize the Fund to initiate debits of any credit entries made after the death or incapacity of the Benefit Recipient. I further agree to return personally to the Fund any amounts that are not returned to the Fund through the initiation of debits to the account after the Benefit Recipient's death or incapacity.

Joint Account Holder Name(s):

1. _____

2. _____

Signature of Joint Account Holder

Signature of Joint Account Holder

Checklist for Direct Deposit Form—Review items below to ensure that form has been completed correctly

- Voided check or deposit slip has been attached with the benefit recipient's preprinted name, account number and routing number.
- If voided check or deposit ticket is not available for savings accounts, a letter from the financial institution on their letterhead has been attached to verify the name(s) on the account along with the routing and account numbers.
- The benefit recipient and joint account holder(s), if any, have signed the form.