

**UA Local 190 Pension Plan
DIRECT DEPOSIT AGREEMENT**

A. Payee Direct Deposit Agreement

Name in full	Social Security Number		
Street	City	State	Zip

I hereby authorize the Board of Trustees of the UA Local 190 Pension Plan to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named below. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to a lack of knowledge of my death, the Pension Plan pays benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Pension Plan any amounts paid after my death.

Signature of Payee _____ **Date** _____

B. Agreement by Financial Institution

The Financial Institution named below agrees to accept for deposit in the account specified below benefit checks payable by the UA Local 190 Pension Plan. The Financial Institution agrees to refund to the Pension Fund the amount of any pension benefit checks deposited in the Payee's account which represents pension benefits paid after the death of the Payee.

Bank Name

Street	City	State	Zip
--------	------	-------	-----

Please check one: Checking Savings

Bank Routing Number _____

Bank Account Number _____

Signature of Authorized Bank Representative _____ Date _____

Title _____

If you wish to have your payment deposited to your checking account, please attach a voided check.

YOUR FINANCIAL INSTITUTION SHOULD COMPLETE SECTION B