



DIRECT DEPOSIT OF MONTHLY PAYMENTS

Name: _____

Social Security Number: _____

Telephone Number: _____
(Area Code)

I hereby authorize the Sheet Metal Workers' National Pension Fund to directly deposit my benefit checks to:

Name of Bank: _____

Bank Address: _____

(City) (State) (Zip Code)

Bank Telephone Number: _____
(Area Code)

Type of Account: _____
(checking or savings)

Account Number: _____

ABA # (routing): _____

Signature: _____ Date: _____

Check here if you wish to receive a monthly voucher. _____

To prevent identity theft and conserve funding, the Fund will not print monthly statements unless requested.

*****NOTE: This may take up to 6 weeks to be effective. Checks will be sent to current home mailing address on file with the Fund until direct deposit processes.**

Please return this form with a ***void check*** directly to the address listed below. **DO NOT ENCLOSE A DEPOSIT FORM. DO NOT INCLUDE ADDRESS CHANGES OR TAX DEDUCTIONS ON THIS FORM.**

Should you wish to retract this direct deposit authorization and start receiving your retirement checks by mail, please write:

Sheet Metal Workers' National Pension Fund
8403 Arlington Blvd., Suite 300
Fairfax, VA 22031
Phone (800)-231-4622 FAX (703) 739-7836 or info@smwnpf.org