

RETURN TO: SEAFARERS PENSION PLAN

5201 Auth Way, Camp Springs, MD 20746 • (301) 899-0675 • Fax (301) 702-0668

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFITS

Pensioner's Name: _____ SS#: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

New Address? () Yes () Home Phone #: _____ Cell Phone #: _____

I authorize the Seafarers Pension Plan to automatically deposit my pension benefits to the following bank (financial) account:

Account Number: _____ Account Type: Checking () Savings ()

Bank Transit Routing Number (obtain from bank): _____

Bank Name: _____ Bank Phone # _____

Bank Address: _____

Name of Bank Representative (**REQUIRED**): _____

Signature of Bank Representative (**REQUIRED**): _____

A voided check (checking) or deposit slip (savings) with account information and with your name on it, must be attached to this form.

If funds to which I am not entitled are inadvertently deposited into my account, I (we) authorize the Seafarers Pension Plan to direct the bank (financial institution) to return said funds. If this account is a joint account with my spouse or another individual, in the event of my death, the other joint account holder agrees to return to the Seafarers Pension Plan any funds to which I was not entitled.

REQUIRED SIGNATURES:

PENSIONER (OR POWER OF ATTORNEY OR OTHER COURT APPOINTED

REPRESENTATIVE*): _____ DATE: _____

JOINT ACCOUNT HOLDER: _____ DATE: _____

NOTARY PUBLIC OR SIGNATURE OF PLAN REPRESENTATIVE (REQUIRED):

DUE TO THE PROCESSING SCHEDULE, YOUR REQUEST WILL NOT BECOME EFFECTIVE UNTIL THE SECOND MONTH FOLLOWING RECEIPT OF THIS REQUEST. ONCE EFFECTIVE IT CAN ONLY BE CANCELLED BY A WRITTEN, NOTARIZED REQUEST. DIRECT DEPOSIT IS SET UP ONLY FOR BANKS LOCATED WITHIN THE UNITED STATES AND PUERTO RICO.

THE SIGNATURES ON THIS FORM MUST BE NOTARIZED

* Legal Order must be attached or on file in the Plan Office