

SEAFARERS PENSION PLAN

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6074 ■ www.seafarers.org

DIRECT DEPOSIT AUTHORIZATION FORM

This form is for a Pensioner in the Seafarers Pension Plan ("Plan") to authorize a direct deposit of pension benefits to his or her account at a financial institution located in the United States or Puerto Rico. Please complete the entire form. Section 3 of the form must be signed by you and your joint account holder in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative. Return the form by: email: pensions@seafarers.org; fax: (301) 702-6074; or mail: Pension Department, 5201 Capital Gateway Drive, Camp Springs, MD 20746

1 Pensioner's Information

You, and your joint account holder, must sign Section 3 in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative:

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Age

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

2 Direct Deposit Information

Financial Institution Name

Mailing Address

City

State

Zip Code

Office Number

Fax Number

Account Type: Checking Account (Voided Check Required)

Savings Account (Preprinted Deposit Slip Required)

Account Number

Routing Number

Is this a Joint Account with another person? Yes No

Joint Account Holder's Name

IMPORTANT NOTE: Your authorization will not be effective until the second month following the receipt of this authorization. For tax purposes, if there has been a change in your mailing address, update your contact information with the Plan immediately.

3 Account Holder(s) Authorization(s)

I authorize the Seafarers Pension Plan to automatically deposit my pension benefits into the bank account that bears my name in Section 2. It is my responsibility to notify the Plan of any changes to my account at least 10 business days prior to the distribution of my pension benefit. The transactions authorized herein shall comply with all applicable United States laws. This request will remain in effect until I have made a written notarized request to the Plan to stop or change my Direct Deposit Authorization.

If funds to which I am not entitled are inadvertently deposited into my account, including payments deposited after my death, I/we (joint account holder) authorize the Seafarers Pension Plan to direct the bank (financial institution) to return those funds and provide any and all information in their records which will assist the Plan in the recovery of the funds, including the status of the account (open or closed) and the identity of any persons with access to the account. This authorization is consistent with federal law (15 U.S.C. § 6802(e)(2)) that permits disclosure of nonpublic personal information pursuant to the consent of the account holder.

I certify that the above information is true and correct, and I have provided this information with the understanding that the Seafarers Pension Plan will rely on the information for benefit payment purposes.

Pensioner's Signature

Date Signed

Joint Account Holder's Signature

Date Signed

THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED SIU/PLAN REPRESENTATIVE

State of: _____ County of: _____

On this the _____ day of _____, 20____, before me, _____, the undersigned,
Day Month Year Notary Public or SIU/Plan Representative's Name

personally appeared _____ and/or _____, satisfactorily
Pensioner's Name Joint Account Holder's Name (if applicable)

proven to be the person(s) named in and personally signed, sealed, and delivered this Direct Deposit Authorization as his or her act and deed.

Notary Public's or SIU/Plan Representative's Signature

Date Signed