

Soft Drink & Brewery Workers Union, Local 812 Retirement Fund  
ENROLLMENT, CHANGE OR CANCELLATION – DIRECT DEPOSIT

Send completed form to:  
Local 812 Retirement Fund  
445 Northern Blvd., Suite 30  
Great Neck, NY 11021

Use this form to begin, change or cancel the electronic deposit of your benefit payment.

<b>1. PERSONAL INFORMATION</b> (Please complete entire section)		
NAME (Last, First, Middle Initial)	Social Security Number	Telephone Number (     )
Home Mailing Address (Number, Street)	(City, State, Zip)	
CHANGE MY ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO	Status: <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary <input type="checkbox"/> Other _____	
<b>2. ACTION</b> (Please check one)		
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change my account. My current account will remain open until my new account is in effect. <input type="checkbox"/> Cancel Direct Deposit		
<b>3. Is the Designated Direct Deposit Account a Joint Account?</b>	<input type="checkbox"/> YES (Complete section 4) <input type="checkbox"/> NO (Go to section 5)	
<b>4. JOINT ACCOUNT HOLDER'S INFORMATION</b>		
NAME (Last, First, Middle Initial)	Social Security Number	Telephone Number (     )
Home Mailing Address (Number, Street)	(City, State, Zip)	
<b>5. BEGIN DIRECT DEPOSIT TO MY</b>	<input type="checkbox"/> <b>CHECKING ACCOUNT</b> (Complete section 7 and either 5 or 6) <input type="checkbox"/> <b>SAVINGS ACCOUNT</b> (Complete sections 6 and 7)	
Note: <b>YOU MUST ATTACH A PRE-PRINTED VOIDED CHECK</b> showing the bank and account name(s) and number for the account list below. Do not attach a deposit slip. If you do not have a pre-printed personalized check, your financial institution must complete section 6.		
Name of Financial Institution	Exact Name/Title on Account	
Branch Name and Address	Account Number	
(City, State, Zip)	Transit Routing Number	
<b>6. FOR COMPLETION BY FINANCIAL INSTITUTION</b> (If you are authorizing Direct Deposit to your savings account or if you do not have pre-printed personalized checks)		
Name of Financial Institution	Account Number (Show the number exactly as required for direct deposit) 	
Branch Name and Address	Branch Telephone Number (     )	Bank Transit Routing Number 
I confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.		
Signature of Representative	Print/Type Representative's Name	BANK STAMP/SEAL
Date		
<b>7. CERTIFICATION AND AUTHORIZATION</b> (Signature(s) required)		

I (we) hereby authorize the Soft Drink & Brewery Workers Union, Local 812 Retirement Fund ("THE FUND"), to initiate credit entries, electronically or by any other commercially accepted method to my account indicated above. I also authorize the depository named above (MY BANK), to credit the same to such account. If necessary, I (we) authorize THE FUND to initiate debit entries and adjustments for any credit entries made in error to such account by similar method, and authorize MY BANK to debit those entries. If any portion of the amount cannot be debited, please debit my next pension transfer(s). If the funds have been withdrawn following my date of death, I authorize my financial institution to release to THE FUND the name and address of the person(s) responsible for withdrawing the funds.

This authority is to remain in effect until I (or either of us) notify THE FUND in writing that I (or either of us) wish to terminate it, allowing ninety (90) days to permit THE FUND and MY BANK a reasonable opportunity to act on it.

I (we) further understand that should I change either my savings or checking account I must submit a new completed form to the Retirement Fund at least one month before the pension direct deposit is to be changed. I (we) understand that this is a voluntary service provided by the Pension Fund and that either THE FUND or myself can terminate it at any time.

Because the wrong number can lead to my pension being sent to the wrong person's account, I (we) have taken great care to ensure that the Account Number and Bank Routing Number are correct.

I have kept a copy of this authorization form for my records.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**8. NOTARY CERTIFICATION** (Signature(s) MUST be notarized)

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the  
(If Joint Account, please verify and print name of both individuals who signed their name)  
individual(s) described herein and who executed the foregoing instrument, and acknowledged to me that he/she/they executed the same.

Signature of Notary \_\_\_\_\_

(SEAL)

<b>FOR RETIREMENT FUND USE ONLY</b>			
Transit Routing Number	Account Number	Transaction Type	
INPUT BY	DATE	AUDITED BY	DATE