



**DIRECT DEPOSIT FORM
CARPENTERS PENSION TRUST FUND
FOR NORTHERN CALIFORNIA**

The undersigned hereby authorizes the Carpenters Pension Trust Fund for Northern California to make credit entries, and *if necessary, to make debit entries as adjustments for any credit in error*, to my bank account indicated below. I also authorize accordingly my financial institution indicated below to credit and/or debit the same to such account.

Authorization Information

I hereby authorize Carpenters Pension Trust Fund for Northern California to directly deposit my benefit payments via electronic funds transfer into my:

- Checking Account (You must attach below a voided check for your checking account.)
- Savings Account (You must attach below a deposit slip with routing number for your savings account.)

PLEASE NOTE: If you do not have the required documents to attach below, you can provide a bank stamp from your financial institution indicating your name, account number, routing number and the type of account (checking or savings).

This authority is to remain in full force and effect until the Carpenters Pension Trust Fund for Northern California has received written notification from me of its termination in such time and in such manner as to afford the Trust Fund Office and my Financial Institution a reasonable opportunity to act on it.

Please Print Name:		
UBC#, SSN or CFAO ID #:	Phone #:	
Street Address:		
City:	State:	Zip Code:
Signature:	Date Signed:	

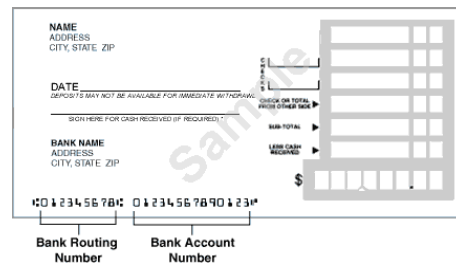
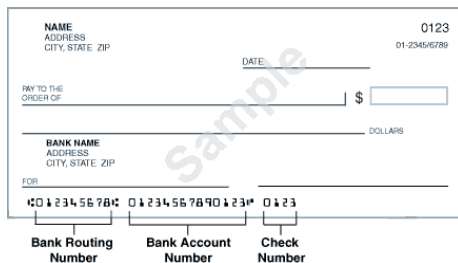
Account Information

*Please attach a voided check for your checking account.

*Please attach a deposit slip for your savings account.

(see example below)

(see example below)



PLEASE NOTE: If you do not have the required documents to attach, you can provide a bank stamp from your financial institution indicating your name, account number, routing number and the type of account (checking or savings).

PLEASE READ THIS CAREFULLY

All information on this form is required. The information is confidential and is needed to prove entitlement to payment. The information will be used to process payment data from the Carpenters Pension Trust Fund to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Carpenters Pension Trust Fund and the financial institution of the death of a retiree. Funds deposited after the date of death or ineligibility are to be returned to the Pension Fund. The Carpenters Pension Fund will then make a determination regarding the survivor rights, calculate survivor benefit payments, if any, and begin payments. **Under the terms of the Pension Plan and the Trust Agreement establishing the Pension Fund, the Trustees are entitled to recover any and all overpayments of Pension benefits from the retiree, the beneficiary and/or the estate of the retiree. In the event that the Pension Fund is not timely notified of the retiree's death, the Pension Fund will have no alternative but to recover any amounts overpaid from the retiree's estate or beneficiaries.**

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Carpenters Pension Trust Fund or by death or legal incapacity of the recipient.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Carpenters Pension Trust Fund is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new Direct Deposit Form for the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.