

OPERATING ENGINEERS LOCAL 825 PENSION FUND

DIRECT DEPOSIT ENROLLMENT FORM

New Request Change Request



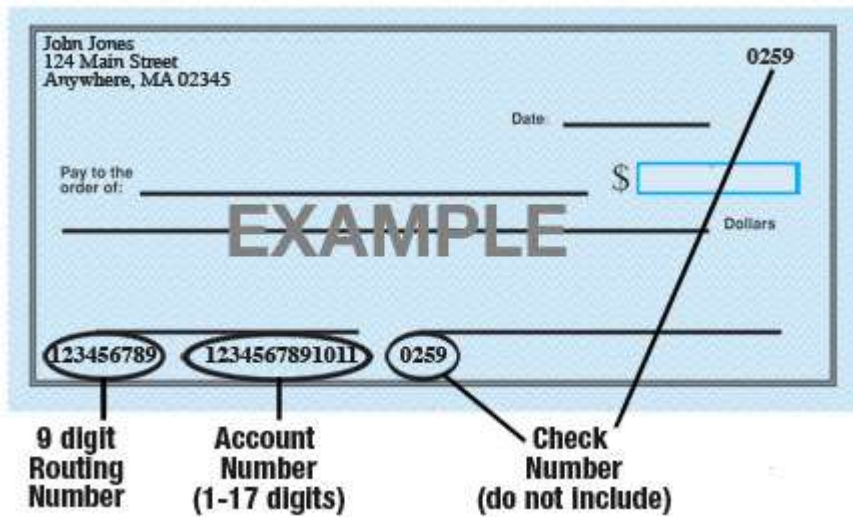
Payee Name, SSN: _____

Address: _____

City, State, Zip: _____

Phone, Cell, E-Mail: _____

___ Please check if this is a change in your mailing address.



Attach a voided check or bank statement to ensure accurate identification and confirm that the account is in the name (or joint name) of the Payee. Requests received without documentation will not be accepted.

Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings (Circle One)

I hereby authorize Operating Engineers Local 825 Pension Fund (the "Fund") to make all pension payments due me to the bank indicated above for direct deposit into my account. To correct any overpayments credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and to refund any such overpayment to the Fund. This authorization will remain in effect until the Fund receives further written notice from me, and the Fund has had reasonable opportunity to act on it.

Payee Signature: _____

Date: _____

PLEASE SEE INSTRUCTIONS ON OTHER SIDE

INSTRUCTIONS FOR DIRECT DEPOSIT

INFORMATION

All identifying information should be completed, including the full name of the Payee. Payee refers to the retired plan participant, surviving spouse or beneficiary entitled to payment. The bank account specified must be in the Pensioner's name or in the Pensioner's name as part of joint account.

The name, routing number and the account number of the bank should be inserted in the space provided. Attach a voided check or bank statement to ensure accurate identification and that the account is in the name (or joint name) of the Payee. Requests received without documentation will not be accepted. Requests received for direct deposit to an account not in the Payee's name will not be accepted.

SIGNATURE

This form should be signed and dated by the Payee. If the Payee is unable to sign this form, a duly appointed Power of Attorney may complete this form. Please attach a copy of the Power of Attorney paperwork if not already on file.

PLEASE NOTE:

If you decide to have your payments via direct deposit, it is very important that you notify us of any error or change in address even though your payments are deposited into your bank account. This information is necessary in case we have to correspond with you. Payments may be suspended if we are unable to locate you.

Please return this completed form to:

Operating Engineers Local 825 Pension Fund
65 Springfield Ave. 2nd Floor
Springfield, NJ 07081

Phone: (973) 671-6800
Fax: (973) 774-1305

Email: pension@825funds.org