

Why use Direct Deposit for Payment of Your Benefit Check

The National Pension Fund is pleased to offer Direct Deposit to our pensioners and beneficiaries. This service provides that your benefit payment will be deposited directly into your bank account. This is a service similar to the one provided by the *Social Security Administration* for its benefit payments.

Consider the safety and convenience of Direct Deposit, and the Advantages it offers to you.

❑ **ELIMINATES POSTAL DELAYS AND LOST OR STOLEN CHECKS**

Lost or stolen mail can cause delays in receiving your benefit payment, identification theft, and forgery of your benefit payment. Lost or stolen mail can result in delays of up to 60 days or more before a replacement check can be issued.

❑ **YOUR MONEY IS IMMEDIATELY AVAILABLE**

Funds directly deposited into your account are immediately available on the payment date. Most banks provide a toll-free number, which you can call to confirm receipt of the funds made by direct deposit. Whereas with a paper check, there may be mailing delays and funds may not be available to you for several days after you deposit the check into your account.

In addition, there is no need to worry about your deposit if you are sick, on vacation or if inclement weather occurs. Your payments are always automatically available to you when you need them, especially when you are traveling.

❑ **FLEXIBLE DIRECT DEPOSIT ARRANGEMENTS**

Funds can be deposited into either your checking or savings account, as you choose. As your situation requires, you may cancel a direct deposit arrangement at any time by sending us a written notice, or you may change the bank or the account to which payments are deposited by completing a new Direct Deposit Authorization form.

❑ **ELIMINATES THE NEED FOR YOU TO:**

- ❑ Personally endorse your check.
- ❑ Visit your bank to deposit or cash your check. No waiting in teller lines.
- ❑ Make special check deposit arrangements when you are away from home.

Over 48,000 of your fellow Pensioners and Beneficiaries already enjoy the safety and convenience of Direct Deposit. That's over 98%! Join them and sign up for Direct Deposit today! Separate, Complete, and Return the attached form to:

Plumbers & Pipefitters National Pension Fund
Attention: Accounting Group
103 Oronoco Street
Alexandria, VA 22314-2047
Fax Number: 703-519-4487

Plumbers & Pipefitters National Pension Fund

Information about Direct Deposit

Q Into what type of accounts may pension payments be made by direct deposit?

A Pension payments may be made by direct deposit into either your personal checking account or your personal savings account. Pension payments may also be made into a family trust account when a copy of the trust agreement is provided to the Fund and additional forms are signed by you and the trustee(s). When direct deposit is to be authorized by your legal agent (e.g., Power of Attorney, Guardian, etc.), additional forms are required.

Q What is a Joint Account Holder?

A A Joint Account Holder is anyone who can withdraw money from the account, has equal right to the account, and generally has right of survivorship.

Q How do I sign up?

A Three easy steps are needed to sign up.

1. Complete the attached Direct Deposit Authorization form on the front. You must read and sign the back of the form in the space provided. All other holders/parties on the account, if any, also must read and sign the back of the form in the space provided.
2. Have a Bank Employee complete and sign the Direct Deposit Authorization form in the space provided.
3. Return the completed form to the Plumbers and Pipefitters National Pension Fund. A voided pre-printed personal check or pre-printed personal savings account deposit slip must be attached. Please remember that **the form must be signed by you and all other holders/parties on the account in the spaces provided on the back of the respective form**. Failure to sign the form or provide the required voided pre-printed personal check or pre-printed personal savings account deposit slip will result in the delay of the direct deposit process.

Your financial institution representative can help you complete the Direct Deposit Authorization form and answer any questions you may have about deposits made directly into your account.

Q What happens then?

A If you are receiving a monthly benefit, your initial monthly payment will be mailed directly into your personal account in order to verify that all the account information being transmitted is correct. Your subsequent monthly payments will be made to your account on the **first banking** day of the month. If you are receiving a single benefit payment, it will be mailed to your bank account. It's that easy!

Q Who must sign the Direct Deposit Form?

A The Pensioner/Beneficiary must sign the Direct Deposit Authorization form as the Payee/Account Holder in the provided space on the back of the form. All other holders/parties on the account must agree to the terms of the direct deposit agreement and sign the form in the provided space on the back of the form. If more than one, each additional holder/party on the account, with the required information, must be identified on a list that is attached to the Authorization, and each must sign a copy of the agreement.

Q Where is my processed monthly benefit payment history?

A To review your payment history or 1099-R information, you need to log-in to our secure web page and set up your personal login at www.ppnpf.com. If you already have a log-in as a participant prior to retirement use the same log-in to see additional tabs on your personal secure page.

Direct Deposit Authorization Form

To sign up for Direct Deposit, the Payee/Account Holder must complete the information below. **All holders/parties** on the account **must** read and **sign** the authorization agreement on the **back of this form**. The Payee/Account Holder must have a Bank Employee verify the bank account and account holder information below. Mail this completed form (both sides), **with your pre-printed voided check** or savings account deposit slip attached, to the Fund at the above address.

Payee/Account Holder _____	S.S.#. _____	---	---	---
Address _____				
STREET	CITY	STATE	ZIP CODE	
Telephone Number _____ — _____ — _____	<input type="checkbox"/> Check here if new address			

IDENTIFY ALL OTHER SIGNERS/PARTIES ON THE ACCOUNT.

USE SPACE BELOW AND ATTACH A LIST WITH SAME INFORMATION FOR ADDITIONAL OTHER Holders/Parties.

CHECK HERE IF THERE ARE NO OTHER ACCOUNT HOLDERS.

Other Signer/Party _____	S.S.#. _____	---	---	---
Address _____				
STREET	CITY	STATE	ZIP CODE	
Telephone Number _____ — _____ — _____				
Relationship to Payee/Account Holder _____				

ACCOUNT HOLDER AND ALL OTHER HOLDERS/PARTIES, IF ANY, MUST READ AND SIGN THE AGREEMENT ON THE REVERSE SIDE OF THIS FORM

THIS FORM CANNOT BE PROCESSED WITHOUT VERIFICATION FROM THE BANK. If you are utilizing internet banking, please provide account holder(s) name, account & routing number on the bank's letterhead, including signature and title of bank employee. This information can be obtained through the bank's customer service department.

Bank Name _____	Transit # _____		
Bank Mailing Address for Deposits of paper checks			

STREET OR PO Box #	CITY	STATE	ZIP CODE
Branch Telephone Number _____ — _____ — _____			
Account Number _____			
Type of Account – <input type="checkbox"/> Personal Checking – <input type="checkbox"/> Trust Account <input type="checkbox"/> Personal Savings (MUST NOT BE A BUSINESS OR INSTITUTION)			
A VOIDED PRE-PRINTED PERSONAL CHECK OR PRE-PRINTED PERSONAL SAVINGS ACCOUNT DEPOSIT SLIP MUST BE ATTACHED			

I certify that the above bank account and account holder information is correct and complete.

Bank Employee (PRINT NAME) _____ Title _____

Bank Employee Signature _____ Date _____

Plumbers & Pipefitters National Pension Fund
UNDERSTANDING AND AGREEMENT For Direct Deposit

Your completion of the Direct Deposit Authorization form on the reverse side, with certification from your bank, and your agreement below, and that of your Other Holders/Parties, if any, will allow the Plumbers & Pipefitters National Pension Fund to deposit your benefit payment directly into your bank account based on the following conditions and understandings.

Acknowledgment/Authorization of Payee/Account Holder/Payee

I understand and acknowledge that my pension payments may be sent only to my personal bank account, and that such payments may not be made into a business account. I understand that payments to a trust account must be reviewed and approved in advance, and the trustee(s) and I must sign additional forms. I hereby authorize the financial institution named on the reverse side to return to the Fund any money deposited into the account to which I am subsequently determined not to be entitled. I further authorize the financial institution named on the reverse side to provide to the Fund Office the name(s) and address(es) of those who may close this account before the Fund is able to recover any money deposited into the account to which I am not entitled.

Acknowledgment/Agreement of Other Holders/Parties on the account

I/We, the other holders/parties, understand and acknowledge that I/we must immediately advise both the Fund office and the financial institution of the death of the Payee/Account Holder. I/we understand, acknowledge and agree that any money deposited into the account after the date of death of the Payee/Account Holder is not an eligible payment and must immediately be returned to or recovered by the Fund. I/We understand that the Fund will then make a determination regarding the survivor rights and calculate the survivor benefit payment, if any, and forward the necessary papers to the Payee's Designated Beneficiary(ies) of record.

Cancellation of Direct Deposit

I/We, the undersigned, understand that this authorization and agreement remains in effect until cancelled by the Payee/Account Holder. I/We understand that written notification to the Fund of cancellation of this agreement/authorization must be made in such time and in such a manner as to allow the Fund a reasonable opportunity to act on it. I/We understand that upon cancellation by the Payee/Account Holder, the Payee/Account Holder must immediately notify the receiving financial institution that the Direct Deposit Authorization has been cancelled.

Change of Address

I/We, the undersigned, understand and acknowledge that I/we must immediately inform the Fund of any change in the mailing address of the Payee/Account Holder. I/We understand that the Fund office must be able to send federal tax information to benefit recipients in January of each year. I/We understand that there are other occasions when the Fund is required to inform the Payee/Account Holder of important benefit information. I/We understand that the Payee/Account Holder's benefit could be stopped temporarily if the Fund office cannot locate the Payee/Account Holder resulting from untimely notice of a change of address.

I/We, the undersigned, certify that the information provided on this form is correct and complete. I/We understand and acknowledge by my/our signature(s) below that I/we agree to the obligations stated herein associated with the Direct Deposit Authorization granted by this document.

Payee/Account Holder Signature _____ Date _____

Other Holder/Party Signature _____ Date _____

ATTACH ADDITIONAL SIGNED COPIES AS NECESSARY FOR ALL HOLDERS/PARTIES ON THE ACCOUNT