

RETURN TO: SEAFARERS PENSION PLAN

5201 Auth Way, Camp Springs, MD 20746 • (301) 899-0675 • Fax (301) 702-6074

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFITS

Pensioner's Name: _____ SS#: _____

Home Address: _____

City: _____ State _____ Zip Code: _____

New Address? () Yes () Home Phone #: _____ Cell Phone #: _____

I authorize the Seafarers Pension Plan to automatically deposit my pension benefits into the following bank (financial) account that bears my name:

Account Number: _____ Account Type: Checking () Savings ()

Bank Transit Routing Number (obtain from bank): _____

A voided check (checking) or deposit slip (savings) containing the pre-printed Bank Transit Routing Number, Account Number and PENSIONER'S Name must be attached to this form.

Bank Name: _____ Bank Phone # _____

Bank Address: _____

Name of Bank Representative (**REQUIRED**): _____

Signature of Bank Representative (**REQUIRED**): _____

If funds to which I am not entitled are inadvertently deposited into my account, I (we) authorize the Seafarers Pension Plan to direct the bank (financial institution) to return said funds. If this account is a joint account with my spouse or another individual, in the event of my death, the other joint account holder agrees to return to the Seafarers Pension Plan any funds to which I was not entitled.

REQUIRED SIGNATURES: NOTARY PUBLIC OR SIGNATURE OF PLAN REPRESENTATIVE

SIGNATURE OF PENSIONER (OR POWER OF ATTORNEY OR COURT APPOINTED REPRESENTATIVE*)

DATE

JOINT ACCOUNT HOLDER

DATE

PLAN REPRESENTATIVE

DATE

*Legal Order must be attached or on file in the Plan Office

NOTARY PUBLIC:

Subscribed before me this _____ day of _____ 20_____

Notary Signature

Notary Public

My Commission Expires: _____

DUE TO THE PROCESSING SCHEDULE, YOUR REQUEST WILL NOT BECOME EFFECTIVE UNTIL THE SECOND MONTH FOLLOWING RECEIPT OF THIS REQUEST. ONCE EFFECTIVE IT CAN ONLY BE CANCELLED BY A WRITTEN, NOTARIZED REQUEST. DIRECT DEPOSIT IS SET UP ONLY FOR BANKS LOCATED WITHIN THE UNITED STATES AND PUERTO RICO.