

NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION TRUST

7525 SE 24th St, Suite 200, Mercer Island, WA 98040
PO Box 34203, Seattle, WA 98124
TELEPHONE: 206-664-7300 or 800-426-7132 FAX: 206-695-0984

AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY BENEFITS

I, the undersigned benefit recipient, hereby request and authorize the Northwest GMP Pension Trust to deposit all benefit payments due me directly to my bank account identified below. It is understood and agreed that this authorization will remain in effect until the earliest of: my death, my ineligibility for benefits or my written instructions to cancel.

I further authorize and direct the bank named below to debit my account and refund the Northwest GMP Pension Trust any amounts received from the Trust to which I am not entitled.

Signature of benefit recipient _____ **Date** _____
(If signature is other than benefit recipient, Power of Attorney or Guardianship document is required)

Printed name _____

Social Security number _____
(at least the last 4 digits are required)

Mailing address _____

new mailing address _____

Phone numbers () _____ () _____
home cell

Type of Account **Checking** **Savings**

Bank name _____

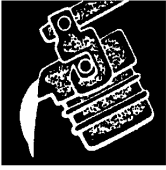
Branch _____

Branch phone # _____

Branch address _____

IMPORTANT
You must attach a pre-printed deposit slip or voided check
If you do not have a pre-printed deposit slip or pre-printed check, please see the back of this form for additional instructions.

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TO: Benefit Recipient
RE: Direct Deposit

If you wish to have your monthly benefit sent directly to your bank, please complete the authorization form on the reverse side, being sure to include a phone number where we can reach you, and return it to the Administration Office along with one of the following:

1) A deposit slip from your checkbook, with your name and address information pre-printed by the bank,
OR

2) A voided check, with your name and address information pre-printed by the bank,

OR

3) If you have a new checking or savings account and do not have pre-printed deposit slips, you will need to obtain a letter from your banking facility. **The typed letter must be on bank letterhead and contain the following: Your name, account number, bank routing number and the signature of an authorized employee of your banking facility.**

Here is how direct deposit works:

- We receive your signed and dated authorization form along with one of the documents listed above as proof of account ownership.
- We enter your account number, account type (*checking or savings*), and the routing number of your bank into our system.
- Assuming all necessary documents are received no later than the 15th of the month, your benefit will be deposited directly into your account no later than the first business day of the following month. This also assumes you are eligible for benefits that month.

PLEASE BE SURE TO KEEP THIS OFFICE NOTIFIED OF ANY ADDRESS CHANGES:

If correspondence from the Trust is returned marked as "undeliverable as addressed" or "forwarding order expired" from the Post Office, **we may suspend your benefits until we hear from you.** Address changes must be submitted to the Trust in writing, and be signed by the Benefit Recipient, Guardian, or Power of Attorney. Signature of a Guardian or Power of Attorney is valid only if a copy of said legal document is on file with the Administration Office or attached to this form.

NOTICE:

The Trust no longer provides an Advice of Deposit for direct deposits. If you have any questions on direct deposit, call the Administration Office at (206) 664-7300 or toll free at 1(800) 426-7132. Our fax number is (206) 695-0984.