

MASSACHUSETTS LABORERS' PENSION FUND

P.O. BOX 1501 • 1400 DISTRICT AVENUE • SUITE 200
BURLINGTON, MASSACHUSETTS 01803
TELEPHONE (781) 272-1000 • TOLL FREE (800) 342-3792 • FAX (781) 272-2226

Massachusetts Laborers' Pension Fund Direct Deposit Authorization Form

I hereby authorize the Massachusetts Laborers' Pension Fund, hereinafter called the "Fund", to initiate direct deposit credit entries to my () Checking () Savings account (*please select one*) at the bank named below, hereinafter called the "Bank", and to credit the same to such account.

NAME OF BANK _____ BRANCH _____

CITY: _____ STATE/PROV. _____ ZIP _____

BANK TEL# _____ EXT: _____

ROUTING # _____ ACCOUNT # _____

If you do not know your account number or routing number, please call your bank and request this information. Be sure to identify whether it is a checking account or savings account.

This authorization is to remain in full force and effect until the "Fund" has received WRITTEN notification from me of its termination in such time and in such manner as to afford the "Fund" and "Bank" reasonable opportunity to act on it.

PENSIONER/
BENEFICIARY NAME: _____
(Please print)

PENSIONER/
BENEFICIARY Soc. Sec. #: _____

PENSIONER/
BENEFICIARY
SIGNATURE: _____
(Name) (Date)

HOME TELEPHONE NO.: _____ LOCAL # _____
(In case we have difficulty with this form)

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization.

PLEASE COMPLETE THIS FORM TO RECEIVE YOUR PENSION CHECKS
MANDATORY