

**CARPENTERS ANNUITY TRUST FUND
FOR NORTHERN CALIFORNIA**

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Oakland, California 94621-0180
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www.carpenterfunds.com



DIRECT DEPOSIT FORM FOR YOUR ANNUITY BENEFIT PAYMENTS

The undersigned hereby authorizes the Carpenters Annuity Trust Fund for Northern California to make credit entries, and *if necessary, to make debit entries as adjustments for any credit in error*, to my bank account indicated below. I also authorize accordingly my financial institution indicated below to credit and/or debit the same to such account.

Attached below is (check one):

- A voided check for my checking account, or
 A deposit slip with routing number for my savings account.

This authority is to remain in full force and effect until the Carpenters Annuity Trust Fund for Northern California has received written notification from me of its termination in such time and in such manner as to afford the Trust Fund Office and my Financial Institution a reasonable opportunity to act on it.

Authorization Information

I hereby authorize Carpenters Annuity Trust Fund for Northern California to directly deposit my benefit payments via electronic funds transfer into my Checking Account Savings Account. (Please check appropriate box.)

Account Number	Routing Number (It may be necessary to contact your financial institution to obtain this number)
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Signature	Printed Name
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Date	Telephone Number	UBC# and/or Social Security Number
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Mailing Address

City, State & Zip Code	Email Address (Optional)
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Account Information

Attach a voided check or deposit slip from your financial institution indicating your account number, routing number and the type of account (checking or savings).

NAME ADDRESS CITY, STATE, ZIP 0123
01-23456789
DATE: _____
PAY TO THE ORDER OF \$ _____
DOLLARS
BANK NAME ADDRESS CITY, STATE, ZIP
FOR
⑆0⑆2345678⑆0⑆234567890⑆23⑆0⑆23
Bank Routing Number Bank Account Number Check Number

NAME ADDRESS CITY, STATE, ZIP
DATE (CHECKS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)
CHECK OR TOTAL AMOUNT OTHER FUND \$
SIGN HERE FOR CASH RECEIVED (IF REQUIRED)
BANK NAME ADDRESS CITY, STATE, ZIP
SUB-TOTAL \$
LESS CASH RECEIVED \$
⑆0⑆2345678⑆0⑆234567890⑆23⑆
Bank Routing Number Bank Account Number

PLEASE READ THIS CAREFULLY

All information on this form is required. The information is confidential and is needed to prove entitlement to payment. The information will be used to process payment data from the Carpenters Annuity Trust Fund to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Carpenters Annuity Trust Fund and the financial institution of the death of a retiree. Funds deposited after the date of death or ineligibility are to be returned to the Annuity Fund. The Carpenters Annuity Fund will then make a determination regarding the survivor rights, calculate survivor benefit payments, if any, and begin payments. **Under the terms of the Annuity Plan and the Trust Agreement establishing the Annuity Fund, the Trustees are entitled to recover any and all overpayments of Annuity benefits from the retiree, the beneficiary and/or the estate of the retiree. In the event that the Annuity Fund is not timely notified of the retiree's death, the Annuity Fund will have no alternative but to recover any amounts overpaid from the retiree's estate or beneficiaries.**

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Carpenters Annuity Trust Fund or by death or legal incapacity of the recipient.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Carpenters Annuity Trust Fund is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new Direct Deposit Form for the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.