

**CARPENTER FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA**

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**DIRECT DEPOSIT FORM
CARPENTERS PENSION TRUST FUND
FOR NORTHERN CALIFORNIA**

The undersigned hereby authorizes the Carpenters Pension 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 Pension 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 Pension 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.)

Signature Printed Name

Date Telephone Number UBC# and/or Social Security Number

Mailing Address

City, State & Zip Code Email Address (Optional)

Account Information

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

NAME ADDRESS CITY, STATE, ZIP 0123
DATE 01-23-45/789
PAY TO THE ORDER OF \$
BANK NAME ADDRESS CITY, STATE, ZIP
FOR
⑆0123456789⑆ 012345678901234⑆ 0123
Bank Routing Number Bank Account Number Check Number

NAME ADDRESS CITY, STATE, ZIP
DATE DEPOSIT(S) MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL
CHECK ON TOTAL FROM OTHER BANK
SIGNATURE FOR CASH RECEIVED (IF REQUIRED)
BANK NAME ADDRESS CITY, STATE, ZIP
⑆0123456789⑆ 012345678901234⑆
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 Pension 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 Pension 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 Pension Fund. The Carpenters Pension Fund will then make a determination regarding the survivor rights, calculate survivor benefit payments, if any, and begin payments. **Under the terms of the Pension Plan and the Trust Agreement establishing the Pension Fund, the Trustees are entitled to recover any and all overpayments of Pension benefits from the retiree, the beneficiary and/or the estate of the retiree. In the event that the Pension Fund is not timely notified of the retiree's death, the Pension 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 Pension 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 Pension 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.