

**Participant Information (Please type or print clearly):**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Telephone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Bank Information (Please contact your bank for this information):**

Name of Institution: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

**Type of Account (Must be Checking or Savings only):**     Checking     Savings

**A voided check or a letter from your financial institution advising your account number and routing number must be submitted with this form. The Fund Office will not be able to make any changes until all information is provided. Failure to provide this information may result in the delay of your pension benefit.**

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

*Please Note:* If there are any changes to your bank information in the future, such as bank name, routing number, account number or account type, you must notify the Fund Office immediately.

**Place voided check here or attach letter from your financial institution**