



Bricklayers & Trowel Trades International Pension Fund

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Phone (888) 880-8222 Fax: (202) 347-7339 <http://www.ipfweb.org>

E-Mail : pensionpayroll@ipfweb.org

ELECTRONIC DEPOSIT OF YOUR MONTHLY BENEFIT

NAME: _____

SSN - - DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Check Box If Your Address Has Changed

Name and address of closest relative not living with you:

Name _____ Relation _____

Address _____

City _____ State _____ Zip Code _____ Phone () _____

Name of Bank or Credit Union _____	
ABA Routing # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Checking <input type="checkbox"/>
Acct# _____	Savings <input type="checkbox"/>

If you intend to deposit your benefit to your checking account, the Fund recommends that you include a **VOIDED** personal check to ensure accuracy and hasten the processing of your application.

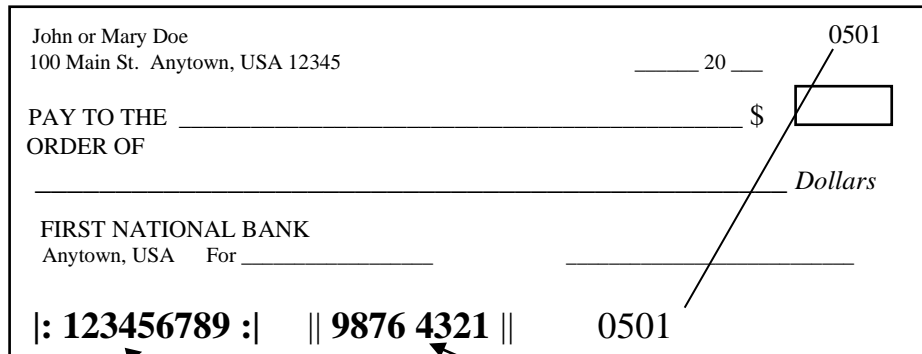
I request that the Bricklayers and Trowel Trades International Pension Fund electronically deposit my monthly benefit to my bank account. I agree to direct my bank, executors, or next of kin to refund any electronic transfer payments made after my death. I understand that any benefits payable to my spouse or beneficiary will be paid to them in their name.

(Signature of Pensioner)

(Date Signed)

Please be advised that if someone other than the retiree or beneficiary is signing this form Power of Attorney or Guardianship documentation must be provided to the Fund.

AN EXAMPLE OF HOW TO FIND YOUR ACCOUNT AND ABA NUMBERS ON YOUR PERSONAL CHECK



← Tape Voided Check Here

Routing # (always 9 digits) Your account number The individual check # (Do not include)