



# Bricklayers & Trowel Trades-International Pension Fund

## Pension Payroll

620 F Street, N.W., Suite 700 Washington, D.C. 20004

Phone: 888-880-8222 Fax: 202-347-7339

E-Mail : [pensionpayroll@ipfweb.org](mailto: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 #

Acct# \_\_\_\_\_

Checking

Savings

If you intend to deposit your benefit to your checking account, the Fund recommends that you include a **VOIDED** personal check to ensure accuracy. In addition, this form **must be notarized.**

I request that the Bricklayers and Trowel Trades International Pension Fund electronically deposit my monthly benefit to my above designated 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/ Beneficiary)

\_\_\_\_\_  
(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.

Notary: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Notary Seal