

ELECTRONIC FUND TRANSFER AUTHORIZATION

TO SIGN UP FOR ELECTRONIC FUND TRANSFER, PLEASE READ THE BACK OF THIS FORM AND FILL IN THE INFORMATION REQUESTED IN SECTION 1. THEN TAKE OR MAIL THIS FORM TO YOUR FINANCIAL INSTITUTION. THE FINANCIAL INSTITUTION WILL VERIFY THE INFORMATION IN SECTION 1 AND WILL COMPLETE SECTION 2. **SEND THE COMPLETED FORM TO ILWU-PMA BENEFIT PLANS, 1188 FRANKLIN STREET, SUITE 101, SAN FRANCISCO, CA 94109.**

PAYEE MUST KEEP THE BENEFIT PLANS OFFICE INFORMED OF ANY ADDRESS CHANGES.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A Name of Payee (last, first, middle initial)	B Payee Social Security Number _____ - _____ - _____
Address (Street, Route, P.O. Box)	C Local and Registration Number _____ - _____
City State Zip Code	D Type of Depositor Account (Check One) <input type="checkbox"/> FDIC Insured Checking Account <input type="checkbox"/> FDIC Insured Savings Account
E Account Information You must enclose a personal voided check with your pre-printed name and address or deposit slip/letter from your financial institution indicating your account number, routing number, type of account (Checking or Savings).	
<p style="text-align: center;">PAYEE CERTIFICATION</p> I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited to my account.	<p style="text-align: center;">JOINT ACCOUNT HOLDER'S CERTIFICATION</p> I certify that I have read and understood the information and instructions on this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE OF PAYEE DATE PHONE NUMBER: ()	SIGNATURE OF JOINT ACCOUNT HOLDER DATE NAME AND ADDRESS OF JOINT ACCOUNT HOLDER

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

Name and Address of Financial Institution		Bank Routing Number _____ - _____ - _____
Branch Name and Number	Branch Telephone Number () Branch Fax Number ()	Account Owners/Signers (must include Payee name)
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and account owners. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above. I also confirm the account listed above is FDIC Insured.		
Print or Type Representative's Name	Signature of Representative	Date