

TMRP

455 KEHOE BLVD., SUITE 100 CAROL STREAM, ILLINOIS 60188

(630)752-8400 * FAX (630)752-8490

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF PENSION PAYMENTS

PROVIDE THE FOLLOWING INFORMATION TO INITIATE DIRECT DEPOSIT OF THE MEMBERS RETIREMENT PLAN ("PLAN") PENSION CHECK. IN THE EVENT OF YOUR DEATH, YOUR FAMILY MUST CONTACT THE PLAN OFFICE IMMEDIATELY TO DETERMINE WHETHER FURTHER BENEFITS ARE DUE ON YOUR BEHALF.

FAILURE TO DO SO MAY RESULT IN THE UNLAWFUL RECEIPT OF BENEFITS AND SUBJECT YOUR FAMILY TO LEGAL ACTION TO RECOVER BENEFIT OVERPAYMENTS.

NAME (AS IT APPEARS ON YOUR BANK ACCOUNT): _____

SOCIAL SECURITY NUMBER: _____ EMAIL ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____

I HEREBY AUTHORIZE THE PLAN TO ELECTRONICALLY TRANSFER MY PENSION BENEFITS, INCLUDING CORRECTIONS TO MY: (CHECK ONE)

CHECKING ACCOUNT _____

SAVINGS ACCOUNT _____

AT THE FINANCIAL INSTITUTION NAMED BELOW, WHICH IS AUTHORIZED TO RECEIVE THEM. I UNDERSTAND THAT THIS AUTHORIZATION SHALL REMAIN IN FULL EFFECT UNTIL THE PLAN HAS RECEIVED WRITTEN NOTIFICATION OF ITS TERMINATION, OR UNTIL THE PLAN HAS SENT ME WRITTEN NOTICE OF ITS TERMINATION. ANY FUNDS RECEIVED BY THE DESIGNATED FINANCIAL INSTITUTION AFTER MY DEATH MUST BE RETURNED TO THE PLAN.

FINANCIAL INSTITUTION IN WHICH THE FUNDS ARE TO BE DEPOSITED:

NAME OF FINANCIAL INSTITUTION: _____

BANK ROUTING NUMBER

(THE FIRST 9 DIGITS AT THE BOTTOM OF YOUR CHECK)

ACCOUNT NUMBER

SIGNATURE: _____

DATE: _____

ATTACH A VOIDED CHECK

IF YOU'RE UNABLE TO PROVIDE A VOIDED CHECK, PLEASE ENCLOSE A COPY OF YOUR BANK STATEMENT WITH YOUR ACCOUNT NUMBER, NAME, AND THE FINANCIAL INSTITUTION.

YOUR NAME MUST BE ON THE ACCOUNT TO INITIATE DIRECT DEPOSIT.