Office and Professional Employees Locals 30 & 537 Retirement Trust Fund

Administered By: Benefit Programs Administration 1200 Wilshire Blvd., Fifth Floor, Los Angeles, California 90017-1906 Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 463-5894

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF PENSION BENEFITS (EFT)

Name (Please type or print)	Social Security Number
Mailing Address	Telephone Number
City	State Zip
I hereby authorize the OPEIU LOCALS 30 & 537 RETIF benefits, including corrections, to my (please check one	
Checking Account Savings A	ccount Other Account
Bank's Transit Routing Numbers (ABA No.)	
Account No.	
Please attach a VOIDED CHECK <u>or</u> a Sa	vings Account DEPOSIT SLIP to this Form.
notification of its termination, or until the Fund has sent	CALS 30 & 537 RETIREMENT FUND has received <u>written</u> me written notice of its termination. I understand that any er my death are to be returned to the Fund and I authorize and charge all payments to this account.
Funds are to be deposited at the following:	
Name of Financial Institution (Please type or print)	
Address Street	City State Zip
Names (s) on Account (Please type or print)	
Your Signature	Date
Joint Account Holder's Signature (A Joint Account requi	ires both Signatures) Date
TO BE COMPLETED BY YO	OUR FINANCIAL INSTITUTION:
The LOCALS 30 & 537 RETIREMENT FUND promptly, in vito return any overpayments received to the Retirement	(Bank/Credit Union) agrees to notify the OPEIU writing, upon the death of the above named individual, and Fund.
Name & Title of Bank Representative Please type or pri	nt) Telephone No.
Signature of Bank Representative	Date
Once this form has been completed it is to be returned to the	Administrative Office via U.S. Mail at the address listed above.