

**UA LOCAL 13 PENSION FUND
RETIREMENT BENEFIT ACCOUNT
1850 Mt. Read Blvd., ROCHESTER, NY 14615 (585) 338-2310**

I THE UNDERSIGNED PAYEE UNDER THE UA LOCAL 13 PENSION FUND PLAN, HEREBY REQUEST THAT BEGINNING WITH THE FIRST PAYMENT DUE ME AFTER RECEIPT OF THIS NOTICE AND CONTINUING UNTIL FURTHER NOTICE FROM ME IN WRITING IS FILED WITH THE UA LOCAL 13 PENSION FUND, ALL PAYMENTS UNDER SAID CONTRACT BE DEPOSITED TO THE CREDIT OF MY/OUR ACCOUNT WITH:

NAME OF BANK

IF I SHOULD DIE PRIOR TO THE DATE ON WHICH ANY PAYMENT AS AFORESAID SHALL BECOME DUE UNDER THE TERMS OF PROVISIONS OF SAID CONTRACT, I HEREBY AUTHORIZE AND DIRECT MY BANK, NAMED ABOVE, TO REFUND TO THE UA LOCAL 13 PENSION FUND AND TO CHARGE MY/OUR ACCOUNT THE AMOUNT OF ANY SUCH OVER PAYMENT WITH LEGAL INTEREST.

SIGNATURE OF PAYEE

SIGNATURE OF SPOUSE

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THE CORRECT
ACCOUNT NUMBER AND ROUTING NUMBER

ACCOUNT NUMBER _____

ROUTING NUMBER _____

CHECKING OR SAVINGS (CIRCLE ONE)

NAME OF BANK OFFICER TO CONTACT

PHONE NUMBER