

U.A. LOCAL 447 PIPE TRADES TRUST FUNDS
PENSION DEFINED BENEFIT PLAN

DIRECT DEPOSIT ENROLLMENT FORM

Social Security #: _____

Name: _____

Street: _____

City/State/Zip Code: _____

Phone Number: _____

Type of Account (Please check one): Checking Savings Market Rate

Name of Bank: _____

Account Number: _____

Routing Number: _____

I authorize U.A. Local 447 Pipe Trades Trust Fund to deposit my monthly pension check to the bank account number I have provided to the Fund on this election form.

Signature

Date

TO RECEIVE DIRECT DEPOSIT:
A VOIDED CHECK MUST BE ATTACHED HERE
OR SUBMIT A DIRECT DEPOSIT FORM
FROM YOUR BANK
DO NOT USE A DEPOSIT SLIP

Mail form to: P.O. Box 191030, Sacramento, CA 95819