

**IRON WORKERS MID-AMERICA PENSION PLAN**

**DIRECT DEPOSIT**

**FAX: 708-474-9982**

**EMAIL: PENSION@IWMIDAMERICA.COM**

**Participant/Spouse/Beneficiary/Alternate Payee Information**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

City & State

Zip Code

Email

Telephone Number: \_\_\_\_\_

**Bank Information**

Name of Bank: \_\_\_\_\_

**Type of Account (Must be Checking or Savings)**

Checking

Savings

A voided check (see below) or a letter from your financial institution stating your account number and bank routing number must be submitted with this form. The account in which the benefit is deposited must be held solely or jointly in the pension recipient's name. The Fund Office will not make any changes until all information on this form is provided. Failure to provide this information may result in the delay of your pension benefit.

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

*I certify that I am entitled to this pension benefit. In signing this form, I authorize my pension benefit to be electronically transferred to the financial institution named above to be deposited to the designated account.*

\_\_\_\_\_  
Participant/Spouse/Beneficiary/Alternate Payee Signature

\_\_\_\_\_  
Date

**Place voided check here or attach letter from your financial institution.**