

TEAMSTER MEMBERS RETIREMENT PLAN

455 KEHOE BLVD., SUITE 100 • (630) 752-8400 • FAX (630) 752-8490
CAROL STREAM, ILLINOIS 60188



Provide the following information to initiate direct deposit of your pension check. In the event of your death, your family must contact the Plan Office immediately in order to determine whether any further benefits are payable on your behalf after your death. **Failure to do so MAY result in the unlawful receipt of benefits and subject your family to legal action to recover any benefit overpayments.**

Name _____ Social Security Number _____ - _____ - _____

Phone Number _____ Email Address _____

I hereby authorize the Teamster Members Retirement Plan to electronically transfer my pension benefits, including corrections, to my

_____ Checking Account _____ Savings Account

to the Financial Institution named below, which is authorized to receive them.

This authorization shall remain in full effect until the Teamster Members Retirement 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 FUNDS ARE TO BE DEPOSITED:

Name of Financial Institution: _____

Branch Address: _____

Bank Routing Number
(The first nine digits at the
bottom of your check)

Your Account Number

Date: _____

Signature: _____

IF YOU ARE UNABLE TO ATTACH A
VOIDED CHECK PLEASE ENCLOSE A
COPY OF YOUR BANK STATEMENT
SHOWING THE ACCT NUMBER AND
YOUR NAME.

PLEASE ATTACH A VOIDED CHECK