

**I.B.E.W. PENSION BENEFIT FUND
ELECTRONIC FUNDS TRANSFER AUTHORIZATION
PHONE NUMBER: 1-800-733-4239**

I, the undersigned benefit recipient _____ (print name),

Whose address is _____ (street)

_____ (city)

_____ (state, zip)

authorize the monthly pension payable to me under the terms of the IBEW Pension Benefit Fund plan(s) to be electronically transferred through the Automated Clearing House ("ACH") to the bank listed below. This instruction should remain in effect until canceled in writing.

NOTE: The Bank address below should be the BANK-BY-MAIL address.

(Bank – by – Mail Name) _____

(Bank – by – Mail Street) _____

(City, State and Zip Code) _____

Your Account Number _____

Checking
or (circle one)
Savings

Print Name

Social Security Number

Signature

Telephone Number

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name

Deceased Retiree's Social Security Number

The following section of this form must be completed by your bank

***** If you cannot get to your bank, or if your bank will not complete this form, please provide a voided check *****

The bank agrees to refund to the Custodian any payment(s) received and credited to the account in error or subsequent to the date of his/her death, to the extent funds are available in the account.

By: _____ (Bank Representative's Signature)

Print Name and Title _____

Dated: _____ Bank's Telephone Number: () _____

Bank's ACH Routing/Transit Number _____

**Return completed form to: Benefit Disbursements – BNYM
PO Box 360534
Pittsburgh, PA 15251-6534**

BDPensionPhone@bnymellon.com

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