



LiUNA! National (Industrial) Pension Fund

Feel the Power

BOARD OF TRUSTEES

IMPORTANT NOTICE

UNION TRUSTEES

TERRY O'SULLIVAN
Co-Chairman

ARMAND E. SABITONI

J. ROCCO DAVIS

EMPLOYER TRUSTEES

F. GILBERT CROSTHWAITE
Co-Chairman

ROBERT B. DI SCULLO, JR.

THOMAS T. HOLSMAN

ADAM M. DOWNS
Fund Administrator

www.lnipf.com

Dear Participant:

The Pension Fund, effective January 1, 2019, requires all new retirees and beneficiaries to have their monthly benefits automatically deposited directly into their bank account. Automatic Direct Deposit has become the dominant means by which most people, both active and retired, receive their compensation.

Automatic Direct Deposit has become so widely accepted that effective March 1, 2013 the Social Security Administration stopped issuing paper checks to retirees and beneficiaries. The Pension Fund will only offer paper checks under hardship circumstances.

Automatic Direct Deposit has many advantages versus receiving a paper check that include:

- Increased Security – no chance of theft from your mailbox
- Convenience – you do not have to be home for your benefit payment to get to the bank and bad weather will never delay your access to funds.
- Reliability – you can be assured that you will have access to your funds on the first day of every month.

For your convenience we have enclosed an authorization for Automatic Direct Deposit that you must complete and return to the Fund Office.

Please feel free to contact us if you have any questions or concerns about Automatic Direct Deposit.

With kind regards I remain

Sincerely Yours,

ADAM M. DOWNS
Fund Administrator



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AUTHORIZATION FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I hereby authorize the LIUNA National (Industrial) Pension Fund to send all benefit payments to which I am entitled to the bank or other financial institution named below for direct deposit into my account there. I agree that receipt by the bank or financial institution of my benefit payments from the Pension Fund shall be treated as receipt by me and that neither the Pension Fund nor its trustees shall be responsible or liable in any way for any error or mishandling of the benefit payments by the bank or financial institution.

I have determined that the bank or financial institution named below is willing to accept benefit payments from the Pension Fund for direct deposit into my account.

This authorization shall remain in effect unless and until cancelled by me in writing and received by me in writing and received by the Administrator of the Pension Fund.

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Pensioner's Name: _____

Pensioner's Address: _____

Pensioner's Social Security #: _____

Pensioner's Signature: _____ Date: _____

Name of Bank or Financial Institution: _____

Branch: _____ Contact: _____

Address of Bank or _____

Financial Institution: _____

Transit/ABA No: _____

Indicate Saving or Checking Account Number: _____

***** ATTACH A VOIDED CHECK *****

OR

THIS AUTHORIZATION MUST BE NOTARIZED

The above-names Pensioner appeared before me and signed this ____ day of _____, 20 ____.

Notary Public: _____ My Commission expires on: _____

SEAL:

