

GREATER PENNSYLVANIA CARPENTERS' PENSION FUND

EMPLOYEE TRUSTEES

WILLIAM C. SPROULE
CHAIRMAN
WADE J. BAUMGARTNER
DONALD J. MADEJA
DOUGLAS R. MARTIN
JOEL L. NIECGORSKI
STEVEN N. SCHRECEGOST
PAUL A. SIMPSON, III
KENNETH W. UMBEL
WILLIAM R. WATERKOTTE

ADMINISTRATIVE OFFICE:

CARPENTERS' COMBINED FUNDS, INC.

James R. Klein, Administrator
650 RIDGE ROAD – SUITE 300
PITTSBURGH, PENNSYLVANIA 15205-9503
PHONE (412) 922-5330
FACSIMILE: (412) 922-3420
<http://carpenterscombinedfunds.org>

EMPLOYER TRUSTEES

DAVID D. DAQUELENTE
SECRETARY-TREASURER
EUGENE B. BROWN
ROBERT BUECHEL
ROBERT M. CANE, II
WILLIAM HAWK
ROBERT F. LEAHEY
JOHN PANZITTA
NEAL RIVERS
JOHN SABATOS

Please complete the enclosed authorization form for direct deposit of your monthly pension benefit. Your monthly check will be deposited on the FIRST BUSINESS DAY of each month.

If your deposit will be going into a checking account, attach a voided check so that we have the routing number and account number. If your deposit will be going into a savings account, please provide us with a verification on bank letterhead giving us the routing number and account number. Also, the bank verification letter MUST BE SIGNED BY YOU.

After we receive the completed form, it will take a minimum of thirty days to process and test the transaction SO YOUR NEXT CHECK MAY BE SENT TO THE BANK IN THE MAIL. PLEASE ALLOW EXTRA TIME FOR THE FIRST MONTH SINCE THE CHECK MAY BE MAILED TO THE BANK. By the following month, your electronic deposit should be activated. DO NOT WRITE ANY CHECKS AGAINST YOUR ACCOUNT WITHOUT FIRST VERIFYING THAT YOUR DEPOSIT HAS BEEN RECORDED.

Please do not hesitate to contact the Fund Office should you have question on this matter.

**GREATER PENNSYLVANIA CARPENTER'S
PENSION FUND**

442018

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AUTHORIZATION FORM FOR DIRECT DEPOSIT OF MONTHLY PENSION CHECK**THIS ENTIRE FORM MUST BE FILLED OUT OR IT WILL BE RETURNED TO YOU**

MEMBER'S NAME _____ S.S.# _____

ADDRESS: _____ CELL # _____

_____ PHONE # _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

BANK INFORMATION MUST BE COMPLETED

NAME OF BANK: _____ PHONE: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF ACCOUNT

- CHECKING (Attach VOIDED Check)
 SAVINGS (Attach BANK VERIFICATION which
MUST Include Your Signature)

OWNERSHIP OF ACCOUNT

- SELF
 SPOUSE
 SELF AND SPOUSE/OTHER

I hereby authorize my monthly pension check to be deposited directly into the above bank account. I understand that the first check may be mailed to the bank and that I need to verify the deposit before I access my account.

MEMBER'S SIGNATURE: _____ DATE: _____