

**DIRECT DEPOSIT FORM**

**IBEW LOCAL 269 PENSION**  
(the "Plan")

You can arrange to have your monthly benefit check forwarded electronically to your bank and deposited to your checking or savings account. This service is provided at no charge to you. If you desire to have such an arrangement, please complete this form by **printing** all requested information and then signing and dating the form where indicated. IF POSSIBLE, IT IS PREFERABLE TO SIMPLY ATTACH A VOIDED BLANK CHECK TO THE LOWER PORTION OF THIS FORM, PROVIDED IT BEARS THE MAGNETIC NUMBERS ALONG THE BOTTOM, AND THE BANK'S COMPLETE ADDRESS.

**Please print all information and then sign and date the form where indicated.**

_____	_____
(Print Your Name)	(Street Address - 1)
_____	_____
(Social Security Number)	(Street Address - 2)
_____	_____
(Area Code & Phone Number)	(City, State, Zip Code)

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_____	_____
(Name of Bank)	(Account Number)
_____	Account Type: _____ Checking
(Address of Bank - Street)	(Check One Only) _____ Savings
_____	_____
(Address of Bank - City, State, Zip)	(Bank's Transit Routing Number)

I authorize the Plan to initiate credit entries to my designated account shown above (this includes authorization to correct any entries made in error). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until the Plan has received written notification from me to change it in such time and manner as to afford the Plan and Bank a reasonable opportunity to act.

_____	_____
(Signature)	(Date)

Return this completed form to:

I.E. Shaffer & Co.  
Attn: Payment Department  
P.O. Box 1028  
West Trenton, NJ 08628-0230