

Certificate Number: _____

DISTRICT 9 I. A. of M. & A. W.
PENSION TRUST

12365 St. Charles Rock Road • Bridgeton, MO 63044
Phone: 314-739-6442 • Toll-Free: 888-739-6442 • Fax: 314-739-2374

DIRECT DEPOSIT FORM

I (we) hereby authorize District 9 International Association of Machinists and Aerospace Workers Pension Trust (hereinafter "Pension Trust") to initiate entries to my checking/savings account at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Pension Trust is notified by me (us) in writing to cancel it in such a time as to afford the Pension Trust and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Your Financial Institution)

(Address of Your Financial Institution- Branch, City, State & Zip)

(Participant Name- PLEASE PRINT)

(Participant Address- PLEASE PRINT)

(Participant Telephone Number)

Type of Account: Checking (attach a voided check) Savings (attach a deposit slip)

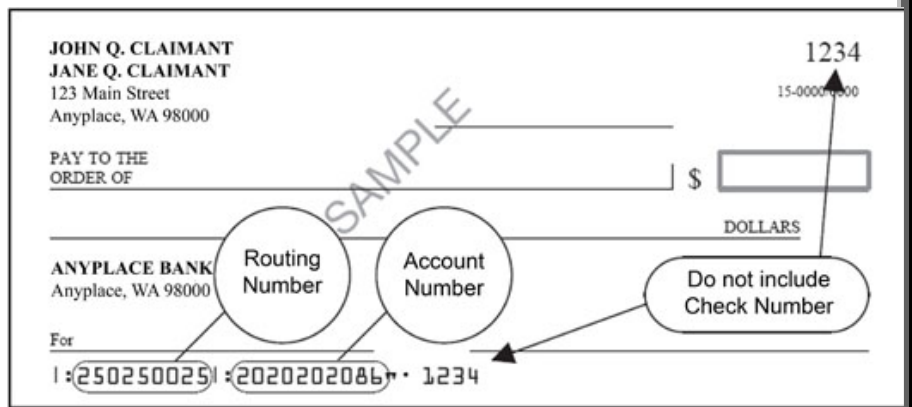
ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

*****IMPORTANT*****

The voided check or deposit slip you attach must have your name, address, account number and routing number preprinted.

You must provide account holder verification from your financial institution if you do not have preprinted checks or deposit slips.



I understand I may redirect my payment to a different account at any time by notifying the Pension Office.

X _____
Participant's Signature

Date