

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

(Participant Name - PLEASE PRINT)

(Participant Address - PLEASE PRINT)

(Participant Telephone Number)

Type of Account: Checking Savings

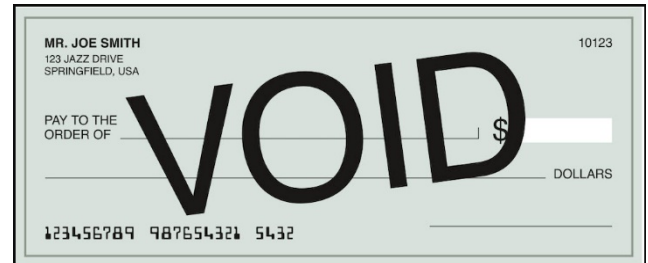
*****IMPORTANT*****

YOU MUST ATTACH ONE OF THE FOLLOWING AS ACCOUNT VERIFICATION: voided check, deposit slip, or letter from Financial Institution on letterhead.

The document you send must have all of the following:

1. Participant's Name
2. Address
3. Account Number
4. Routing Number

- All information must be preprinted. We cannot accept any of the above information handwritten.
- Starter checks are not acceptable. These are checks you receive from the bank when you open an account.
- The participant's name must be on the account



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 on the attached account verification 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.

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

X

Participant's Signature

Date

Forms received by the 20th of the month will be effective the following month.