I.B.E.W. PENSION BENEFIT FUND
ELECTRONIC FUNDS TRANSFER AUTHORIZATION
PHONE NUMBER: 1-800-733-4239

I, the undersigned benefit recipient_____(print name),

Whose address is_____(street)

_____(city)

_____(state, zip)
authorize the monthly pension payable to me under the terms of the IBEW Pension Benefit Fund plan(s) to be electronically transferred through the Automated Clearing House ("ACH") to the bank listed below. This instruction should remain in effect until canceled in writing.

NOTE: The Bank address below should be the **BANK-BY-MAIL** address.

(Bank – by – Mail Name) _____

(Bank – by – Mail Street) _____

(City, State and Zip Code)_____

Your Account Number_____ Checking or Savings (**circle one**)

_____ _____
Print Name Social Security Number

_____ _____
Signature Telephone Number

If you are receiving a **Survivor's benefit**, please complete the following:

_____ _____
Deceased Retiree's Name Deceased Retiree's Social Security Number

The following section of this form must be completed by your bank

The bank agrees to refund to the Custodian any payment(s) received and credited to the account in error or subsequent to the date of his/her death, to the extent funds are available in the account.

By:_____(Bank Representative's Signature)

Print Name and Title _____

Dated: _____ Bank's Telephone Number: ( ) _____

Bank's ACH Routing/Transit Number _____

Return completed form to: **Benefit Disbursements – BNYM**
PO Box 360534
Pittsburgh, PA 15251-6534

BDPensionPhone@bnymellon.com

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