

STEELWORKERS PENSION TRUST

Fund Office: Zenith American Solutions, 2 Gateway Center, 603 Stanwix St., Ste. 1500, Pittsburgh, PA 15222
Phone: 1-800-848-1953, 412-482-1876 / Fax (412) 471-0944 / Email: SPTMembers@Zenith-American.com

DIRECT DEPOSIT AUTHORIZATION

PARTICIPANT INFORMATION:

____ Please check if this is a new mailing address.

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email address _____

ACCOUNT INFORMATION:

Financial Institution Name _____

Address _____

Phone Number _____

Name (s) of account holder _____

Bank Routing (ABA) Number _____

Account Number _____

You must include a pre-printed, voided check or a letter from the bank verifying that this is your account and the numbers associated with it.

Account Type: Savings Checking

It is the Trust's policy to disburse all retroactive and initial payments in paper check form. This means your initial monthly check and your retroactive payment (if applicable) will be mailed to your address and your direct deposit will start the following month.

I (we) hereby authorize Steelworkers Pension Trust to deposit my benefit payment into the account provided above, and for the financial institution to credit my account as described. This authorization is to remain until the Trust receives notification that I (we) would like to terminate this method of payment. In the event that the Trust notifies the financial institution that funds to which I was not entitled to were sent inadvertently, I (we) authorize that the funds are to be returned to the Trust as soon as possible.

Signature of Participant _____ Date _____

Signature _____ Date _____

If a joint account, both parties must sign

PLEASE RETURN TO THE TRUST AT:

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