

**Carpenters Retirement Plan of Western Washington
Carpenters of Western Washington Individual Account
Pension Plan**

PO Box 1929 Seattle, WA 98111-1929

Application For Direct Deposit

Please complete this form and mail or fax it to the Trust Office in Seattle. The fax number is (206) 267-0652. You must include a voided or cancelled check with this form. Forms received before the 20th of the month will be processed prior to the upcoming monthly payment.

Pensioner's name _____

Pensioner's ID # or SSN _____

Mailing address _____

City _____ State _____ Zip _____

Is this a new mailing address? Yes No Telephone () _____

Name of Bank _____ Telephone () _____

Street address _____

City _____ State _____ Zip _____

Type of Account Checking Savings

Routing # _____ Account # _____

I request that all monthly payments under the Carpenters Retirement Plan and the Carpenters Individual Account Pension Plan of Western Washington be made to the bank account designated on this form. If any payment is made for which I am not entitled under this plan, I authorize and direct the bank to refund any such payment(s) to the Carpenters Retirement Trust of Western Washington or the Carpenters of Western Individual Account Pension Trust.

Pensioner's signature _____ Date _____

You Must Include A Voided or Cancelled Check With This Form