

# TEAMSTER MEMBERS RETIREMENT PLAN

455 KEHOE BLVD., SUITE 100 • (630) 752-8400 • FAX (630) 752-8490

CAROL STREAM, ILLINOIS 60188



Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security # \_\_\_\_\_

I hereby authorize the Inter-Local Pension Fund to electronically transfer my pension benefits, including corrections to my

\_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

to the Financial Institution named below, which is authorized to receive them.

This authorization shall remain in full effect until the Teamsters Plan has received written notification of its termination, or until the Plan has sent me written notice of its termination. **Any funds received by the designated Financial Institution after my death are to be returned to the Fund.**

### FINANCIAL INSTITUTION IN WHICH FUNDS ARE TO BE DEPOSITED:

Name of Financial Institution: \_\_\_\_\_

Branch address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bank Routing Number**  
(The first nine digits at the bottom of your check)

**Your Account Number**

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Date \_\_\_\_\_ Your Signature \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK HERE**