

**IBEW Local 701 Fringe Benefit Office
28600 Bella Vista Parkway, Suite 1110
Warrenville, IL 60555-1600**

**Electronic Funds Transfer Instruction Form
For Monthly Pension Benefit**

Recipient Name: _____

Recipient Address: _____

Recipient SSN: _____

Account Information

Bank Name: _____

Bank Address: _____

Bank Phone No: _____

Account Type: _____

Account Number: _____

Routing Number: _____

Please attach a voided check from the account you wish to have your monthly benefit deposited into.

I authorize the IBEW Local 701 Pension Fund Administrator to directly transfer my monthly Pension Benefit to the account identified above.

Signature

Date