



**CENTRAL STATES
SOUTHEAST AND
SOUTHWEST AREAS
HEALTH AND WELFARE AND PENSION FUNDS**

Dear Pensioner:

The Fund's **Direct Deposit Program** makes it easy for you to receive your benefit payment. For most of you who are receiving Social Security benefits, you are familiar with this process. Nearly all new Social Security recipients have their benefits electronically transmitted into their bank account. There are a number of advantages to you in participating in this type of program:

Safety – Since your benefits are directly deposited into your bank account, you don't have to worry about your benefits being delayed in the mail, lost, stolen or forged.

Convenience/Reliability – You no longer have to travel to your bank to deposit these funds and then wait for them to become available. Your monthly benefit is directly deposited into your bank account and is available to you on the first business day of the month.

Enrolling in the Direct Deposit Program is simple. Just complete the form on the back of this letter, include a voided check or preprinted deposit slip and return them to the following address:

Central States Pension Fund
P. O. Box 5113
Des Plaines, IL 60017-5113

Within 60 days, your pension benefit will be automatically deposited into the account you designate. Until then, you will continue to receive your monthly pension check in the mail. If you have any questions concerning the Direct Deposit Program, you may contact the Fund toll-free at 1-800-323-5000.

Sincerely,

CENTRAL STATES PENSION FUND

DIRECT DEPOSIT AUTHORIZATION FORM

Under the EFT program, your pension check is deposited electronically and automatically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or a banking holiday). If you are currently enrolled in the EFT program and you are using this form to have your pension benefit deposited at a different banking institution, you will receive a "one time" monthly pension check through the mail before direct deposit begins on your new account. The information requested on this form must be provided for all individuals who have access to the account indicated below. **I understand that I must keep the Fund informed of any change in my home address even if use this electronic direct deposit program. A current address on file is needed for delivery of year-end tax documents.**

I hereby authorize Central States, Southeast and Southwest Areas Pension Fund, and the financial institution shown below to deposit my pension benefit directly into my account each month. If funds to which I am not entitled are deposited into my account in error, I/we authorize the Fund to direct the bank to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of the funds including but not limited to the identity of all account holders. The authorization will remain in effect until I file a new authorization form or cancel my participation.

Pensioner Name: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____

Pensioner Signature: _____ Date: _____

Bank Information

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account Type: Checking _____ Savings _____

Routing Number: _____ Account Number: _____
(Verify 9-digit number with bank)

Joint Account Holder(s) (Required for joint accounts only)

Name: _____ Name: _____

SSN: _____ SSN: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

IMPORTANT: PLEASE ATTACH A **VOIDED** CHECK (IF CHECKING) OR A PRE-PRINTED DEPOSIT SLIP (IF SAVINGS) AND MAIL TO THE FOLLOWING ADDRESS: **Central States Pension Fund, P.O. Box 5113, Des Plaines IL 60017-5113**