

# Ironworkers Local No. 16 Pension Plan

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Administered by  
Welfare & Pension Administration Service, Inc.

## DEFINED BENEFIT PENSION PLAN AUTHORIZATION AGREEMENT ELECTRONIC FUNDS TRANSFER (EFT)

The Iron Workers Local Union No. 16 Trust Funds offers you the option to have your monthly benefit payment electronically transferred to your bank, credit union or other financial institution.

I hereby authorize Iron Workers Local Union No. 16 Trust Funds to make Pension benefit deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives written notice from me instructing them otherwise. I understand that it can take up to (30) thirty days to make bank and/or account number changes or to discontinue my electronic deposit.

In the event an amount should be credited in error to my account, including, but not limited to, by reason of my death prior to the date on which any payment shall become due, I authorize the Trust Fund to direct the Depository to make the appropriate debit adjustment.

Name (please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_ WPAS ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

☐ This is a new Address

Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Financial Organization/Bank \_\_\_\_\_

Bank's Phone Number (\_\_\_\_\_) \_\_\_\_\_

Bank's Mailing Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Type (Please mark one) ☐ Savings ☐ Checking

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR THE NECESSARY NUMBERS REQUESTED AND ENCLOSE EITHER A DIRECT DEPOSIT FORM OR A VOIDED CHECK**

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

To ensure that your retirement checks are received timely, and your retirement records are up to date, a Continuance Form will be mailed to you annually. If the continuance form is not returned, your retirement checks will be withheld until the Administration Office has received your completed form.