



# Electronic Fund Transfers (ACH Credits)

Use only for automated minimum distributions and periodic payments.

Plasterers Local 31 Pension Plan

453372-01

## Payee Information

Last Name	First Name	MI	Social Security Number
Address - Number & Street			E-Mail Address
City	State	Zip Code	( ) Daytime Phone

## Financial Institution Information

Financial Institution \_\_\_\_\_

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

City/State/Zip Code \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

- Checking Account - must attach preprinted voided check
- Savings Account - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes payee's name, savings account number and ABA routing number

Account Number \_\_\_\_\_ Routing/ABA Number \_\_\_\_\_

**Note:** You may not designate a business account or an IRA. For direct rollovers to an IRA, contact your Representative for the appropriate form.



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_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

## Payee Authorization

ACH is a form of electronic transfer by which Service Center can transfer your payments directly to your United States financial institution.

Allow at least 15 days from the date Service Center receives a properly completed Electronic Fund Transfers form to begin using ACH for your payments. Upon receipt of a properly completed Electronic Fund Transfers form, Service Center will notify your financial institution of your ACH request with the account information you have provided. The pre-notification process takes approximately 10 days. Your financial institution will confirm with Service Center that the account and routing information you submitted is correct and it will accept the ACH transfer. After this confirmation is received, your payments will be transferred to your financial institution within 2 days of the first payment date. If your payments are withdrawn from investment options that are subject to time delays upon withdrawal, the deposit to your financial institution may be delayed accordingly. In the event of a change to your payment, your electronic funds transfer may be subject to a delay, and a check will be sent to your last known address on file with Service Center.

If the pre-notification is rejected by your financial institution, you will be notified and checks will be mailed directly to you until you submit a new Electronic Fund Transfers form. As a result, it is important that you continue to notify Service Center in writing of any changes to your mailing address.

I hereby authorize Service Center to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated above, and the financial institution, in the form of an electronic fund transfer, to credit and/or debit the same to such account. I understand that Service Center will make payments in accordance with the directions I have specified on this form until I cancel this agreement in writing. Notice of cancellation must be made by me at least 30 days prior to a payment date for the cancellation to be effective with respect to all of my subsequent payments. I understand that Service Center reserves the right to terminate the authorization agreement for electronic fund transfers for any reason and will notify me in the event of such termination by sending notice to my last known address on file with Service Center. I acknowledge that it is my obligation to notify Service Center of any address or other changes affecting my electronic fund transfers during my lifetime. I am solely responsible for any liability that may arise out of my failure to provide such notification affecting my electronic fund transfers. I agree that Service Center is not liable for payments made by Service Center in accordance with this properly completed Electronic Fund Transfers form. I hereby authorize and direct my financial institution not to hold any overpayments made by Service Center on my behalf or on behalf of my estate or any current or future joint accountholder, if applicable.

I understand that if this form is not properly completed, Service Center will make payments by check directly to me at my last known mailing address on file with Service Center.

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Date

**Participant forward to Service Center at:**  
Fifth Third Bank Retirement Services  
PO Box 173764  
Denver, CO 80217-3764  
**Express Address:**  
8515 E. Orchard Road, Greenwood Village, CO 80111  
**Phone #:** 1-866-258-4777  
**Fax #:** 1-866-745-5766  
**Web site:** Retire.53.com