

**UNITED ASSOCIATION NATIONAL PENSION FUND  
DIRECT DEPOSIT AUTHORIZATION FORM**

**Instructions for completing Direct Deposit Form:**

1. All blanks must be filled in, and form **must** be signed, including by the Joint Account Holder if any.
2. **Attach a copy of a preprinted, voided check or a preprinted deposit slip.**
3. Return the form to the Fund Office by mail or fax: UANPF, Attn: Accounting Group, 103 Oronoco Street, Alexandria, VA 22314-2047. Fax no. 703-519-4487.
4. If you have questions, call the Fund Office at 800-638-7442 x 4738.

Pensioner / Beneficiary Name: \_\_\_\_\_

Address: \_\_\_\_\_

 Check here if new address. Soc. Sec. No.: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Mailing Address of Bank (for deposit of paper checks): \_\_\_\_\_

ABA # (routing no.): \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Tel. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account type: \_\_\_ Checking \_\_\_ Savings \_\_\_ Trust      Ownership of Account: \_\_\_ Self \_\_\_ Joint

By signing this agreement, I authorize the United Association National Pension Fund (the "Fund") to initiate credit entries to the account listed above for receiving my benefits and to debit such account for entries or adjustments for any credit entries made in error including payments deposited into the account after my death. *Additionally, if the Fund remits payments to my account after my death, I hereby authorize the financial institution listed above to provide to the Fund information concerning these payments, the status of the account (open or closed), and the identity of persons with access to the account. Such authorization constitutes an exception as described in 15 U.S.C. 6802(e)(2) and authorization to release such information pursuant to the financial institution's privacy policy.*

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

Please return this form with a **preprinted, voided check or a preprinted deposit slip** to the address or fax no. listed above. **If the account is a joint account, the joint account holder must also sign below to indicate agreement with the statement above.**

The Joint Account Holder further acknowledges and agrees as follows:

I understand and acknowledge that I must immediately advise both the Fund office and the financial institution of the death of the Pensioner/Beneficiary. I understand, acknowledge and agree that any money deposited into the account after the date of death of the Pensioner/Beneficiary is not my property or that of the estate of the deceased payee and must immediately be returned to the Fund and that I am liable to the Fund for return of any such payments. I further understand and acknowledge that I must immediately inform the Fund of any change in my mailing address or that of the Pensioner/Beneficiary.

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

Print name of Joint Account Holder: \_\_\_\_\_

Address of Joint Account Holder: \_\_\_\_\_

Telephone Number of Joint Account Holder: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Joint Account Holder's Relationship to Pensioner/Beneficiary: \_\_\_\_\_

IF THERE IS MORE THAN ONE JOINT ACCOUNT HOLDER, EACH MUST COMPLETE THE ABOVE FORM.