

Local 710 Health, Welfare and Pension Funds



UNION TRUSTEES:

Thomas N. Conelias
Bernard T. Sherlock
Delmar R. Schaefer

EMPLOYER TRUSTEES:

Samuel D. Pilger, Secy.-Treas.
Gary F. Caldwell
Daniel G. Hoyer

9000 W. 187TH STREET, SUITE 200
MOKENA, ILLINOIS 60448
TELEPHONE 773/254-2500

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Dear Pensioner:

All Retirees will be required to authorize Direct Deposit of their Benefit. Please return the completed authorization form below along with a voided check or deposit slip from the account to which you wish to have your benefit transferred. In thirty days, the Automatic Deposit Program will begin. In the meantime, we will mail your Pension check to your current address on file with the Local 710 Pension Department. If you have any questions, please call Local 710 Pension for assistance.

Sincerely,

Brian J. O'Malley
Administrator

AUTHORIZATION FORM

I hereby authorize Local Union 710 Pension Fund and the financial institution below to deposit my Pension benefit directly into my account each month. This authority will remain in effect until I file a new Authorization Form or cancel participation in writing.

PLEASE PRINT

Payee Name: _____ Soc. Sec. No: _____

Bank's Name: _____ Bank's Phone No: _____

Bank's Address: _____

Bank's City: _____ State: _____ Zip: _____

Bank's Routing No: _____ Account: _____

Signature: _____ Date: _____

Please place an 'X' next to the type of Account: Checking: _____ Savings: _____

IMPORTANT: Please return the Automatic Deposit Authorization Form to:

Local 710 Pension Fund
9000 West 187th Street
Mokena, Illinois 60448