



SOUTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE FUND
VACATION & HOLIDAY BENEFIT

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NORMAL BENEFIT ELECTION
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

NO FEE IS CHARGED FOR THIS SERVICE

I hereby authorize the Southern California Pipe Trades Health & Welfare Fund (the "Fund") to pay my normal plan benefits (in December and April or my free annual interim withdrawal) to my bank account indicated below.

If any payment is deposited to the account, and if I am not entitled to such payment for any reason, I authorize the Fund to directly debit my account and to direct the financial institution to refund to the Fund the amount of any such payment.

To ensure my deposits will be properly credited, I authorize the financial institution indicated to confirm to the Fund the accuracy of the specific financial institution and account information supplied below.

Form with fields: Name of Financial Institution (bank, credit union, etc.), Transit/ABA/Routing Number, Account Number, Type of Account (check one) [Checking, Savings], Your Phone Number, Social Security Number (only last four digits are required)

I understand that:

- 1. This authorization will remain in effect until the Fund has received written notification from me of its termination (whereupon I will revert to receiving benefits by check). The deadline for such notice is the 20th of the month before the month of payment.
2. No fee is charged for this service. On the reverse of this page is a form to apply for the Monthly Benefit option, which also carries no fee. The Trustees of the Health & Welfare Fund may impose a fee as needed.
3. Participants may switch between the Normal Benefit option and the Monthly Benefit option at any time.
4. I must be the owner or a co-owner of the bank account listed above.
5. I must attach a voided check (or deposit slip in the case of a savings account), or this form will be rejected.
6. This form and attachment must be received by the Fund Office by the 20th day of the month for a direct deposit to be made during the following month.
7. The account must be open and capable of receiving deposits at the time of the direct deposit. If not, the funds will be returned to the Fund Office and will be unavailable until (1) the Participant submits a revised direct deposit application form, or (2) the Participant rescinds his or her direct deposit application form (in which case a check will be issued), or (3) the next normal December or April benefit payment (in which case a check will be issued).
8. The amount deposited will be the balance of my Vacation and Holiday Individual Account, less authorized federal PAC contributions.

X
Participant Signature

Printed Name
(must be the name of the account holder)

Date

Please verify bank account data.
You must attach a voided check (or deposit slip for a savings account).

SEE REVERSE FOR MONTHLY BENEFIT OPTION

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