

**IBEW 292 BENEFITS**

6900 Wedgwood Road N ♦ Suite 425 ♦ Maple Grove ♦ Minnesota 55311  
(763) 493-8830 ♦ (800) 368-9045 ♦ Fax (763) 416-6196 ♦ IBEW292benefits.org  
retirement@ibew292benefits.com

**ELECTRICAL WORKERS LOCAL NO. 292 PENSION PLAN  
DIRECT DEPOSIT AUTHORIZATION FORM**

PENSION RECIPIENT NAME	CONTACT PHONE NUMBER	LAST 4 OF SOCIAL SECURITY NUMBER
MAILING ADDRESS		
CITY	STATE	ZIP CODE

NAME OF FINANCIAL INSTITUTION	CHECKING _____ SAVINGS _____									
CITY/STATE FOR BANK										
ROUTING NUMBER <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										ACCOUNT NUMBER

I certify that the above account information is accurate. I request that my monthly benefit payments be electronically transferred to my individual or joint account. This agreement remains in effect until I give written notice of cancellation to the ELECTRICAL WORKERS LOCAL NO. 292 PENSION PLAN or upon my death or legal incapacity. I have directed the financial institution to refund the Plan of any money transferred in error, upon notice from the Plan. I have notified any joint account holders of the obligation to repay any overpayments to this account after my death if the overpayment is not repaid by the financial institution.

\_\_\_\_\_  
RECIPIENT'S SIGNATURE  
*(IF SIGNING AS POWER OF ATTORNEY, POA FORMS MUST BE ON FILE)*

\_\_\_\_\_  
DATE

**RETURN COMPLETED FORM TO:**

MAIL: I.B.E.W. 292 Benefits  
Attn: Retirement Department  
6900 Wedgwood Road N STE 425  
Maple Grove, MN 55311  
EMAIL: retirement@ibew292benefits.com

<u>ADMINISTRATIVE USE ONLY</u>	
Date	Initials
ISSI:	_____
DATE STAMP:	