SOUTHERN CALIFORNIA U.F.C.W. UNIONS AND DRUG & GENERAL SALES EMPLOYERS PENSION FUNDS

P.O. Box 27920, Los Angeles, CA 90027-0920 Phone: (323) 666-8910 Extension 500

A Time-Saver for You

Direct Deposit of Pension

With Direct Deposit, your pension is electronically deposited into your account at any participating financial institution in the country.

Your pension is delivered straight to your account, with no waiting, no delays.

It's convenient. You don't have to worry about getting to the bank because we send your deposit electronically.

It's fast. As soon as it's time for you to be paid, your money is deposited electronically.

It's safe. Since there's no paper check to worry about, there's no chance that it can be lost or stolen.

We are pleased to offer this service to our retirees. We hope that you will decide to take advantage of the convenience, speed and safety of Direct Deposit.

If you have other questions, please contact the Pension Fund Office Toll Free at:

(877) 999-8329 ext. 500. **Fax:** (323) 913-0484 **Office hours:** 8:00 a.m. to 5 p.m.

Website: www.ufcwdrugtrust.org

Frequently Asked Questions:

How do I know that a deposit has been made to my account?

Your bank will show the deposit on your monthly statement.

Can I have my pension deposited into any kind of account?

Yes, you can have your pension deposited into a checking, savings, NOW or money market account at your participating bank, savings and loan or credit union within the United States. If you're not sure whether your bank covers this service, please contact them to confirm their participation.

Once I sign up, can I change banks or accounts or discontinue the service completely?

Yes, you can make a change simply by contacting the Pension Fund office for a new authorization form or go to our website at www.ufcwdrugtrust.org

Whom do I contact if I have a question about my deposit?

Questions regarding your electronic deposits, like any other deposits, should be directed to your bank.

Authorization Agreement for Direct Deposit of Pension

Please submit a voided check for your account attached to this authorization.

I hereby authorize the Southern California United Food and Commercial Workers Unions and Drug & General Sales Employers Trust Funds ("Pension Fund") to initiate deposits to the account and depository below; and to initiate, if necessary, any withdrawals or adjustments for any deposits made in error to this account. I also authorize the financial institution named below to credit and/or debit such entries to my account. This authority is to remain in full effect until the Pension Fund office has received written notification from me of its termination in such time and manner as to afford the Fund a reasonable opportunity to act on it, or until the Fund has sent me ten (10) days' written notice of the Pension Fund's termination of this arrangement.

Financial Institution's Name		City	State
Type of Account: ☐ Checking ☐ Savings			
Financial Institution's Transit Routing Numbers 1:			1:
Financial Institution's Account Number Information			
Participant's Name		Social Security No.	
Street Address	City		_ State ZIP
Signature		Date	_/ /