Asbestos Workers Local 12A Annuity Fund
1040 Avenue of the Americas, 24th Floor
New York, NY 10018
Phone: (212) 505-5050 Fax: (646) 381-8841
Email: applications@dhcook.com

DIRECT DEPOSIT FORM

Please use *ink only* to complete the following information and sign at the bottom.

MEMBER'S FULL NAME _____ DOB _____/_____/_____
LAST NAME FIRST NAME

SOC. SEC. NO._____--_____--_____ PHONE NO. _____ CELL NO._____

ADDRESS_____

_____ _____
CITY STATE ZIP EMAIL

STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ LEGALLY SEPARATED

Do you want your Annuity check deposited directly into your account? ___Yes ___ No

If yes, attach a voided check here

For a SAVINGS account, please attach a letter from the bank indicating your Account and Routing #.

This authorization will be in effect until the FUND receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature: _____ ***Print Name*** _____***Date***_____
*Information will **not** be processed without signature!*