



Direct Deposit &
Deductions Form

Group Name: Sheet Metal Worker's Local No. 40 Pension Fund

Pensioner Information

All fields are required. Please Print.

Last Name	First Name	Social Security No.	Date of Birth
Street Address	City	State	Zip
<input type="checkbox"/> Check if your address has changed.	Home Phone Number	Cell Phone Number	Email

Please complete all fields below. To opt-in to Health & Welfare Deductions from your Pension Account, please fill out the second page of this form.

Bank Information

Name of Bank or Credit Union:	_____
ABA Routing Number: <i>Routing numbers are always 9 digits.</i>	_____
Account Number:	_____
Type of Account (Select one): <i>Please see note below.</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings



If you intend to deposit your benefit to your **checking account**, the Fund requires that you include a **VOIDED personal check** to ensure accuracy and hasten the processing of your application.



If you intend to deposit your benefit to your **savings account**, the Fund requires that you submit a **letter signed by a representative from the bank** with the routing and account number and your identifying information.

Pensioner Signature

Date

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Please, Mail Completed Form To:
Sheet Metal Workers Local 40
253 West 35th Street, 12th Floor
New York, NY 10001



OR Fax Completed Form To:
646-381-8841



OR Upload Online:
Please email SMW40@dhcook.com
for a secure link to upload your form.

Questions? You can call our Customer Service Department at 212-505-5050, option 3



How to Find your Account and ABA Numbers on your Personal Check



Routing Number (always 9 digits)

Account Number

The Individual Check Number (Do not include)

Deduction Election

A pensioner receives a monthly pension benefit from the Pension Fund. The Pensioner and Pensioner's Beneficiaries (as defined in the Fund's Plan Documents). Are eligible for certain health and welfare benefits under the Sheet Metal Workers' Local No. 40 Pension Fund. There is a **required monthly premium** for certain participants to retain coverage. You have the option to assign a portion of your monthly pension benefit to satisfy the monthly Health and Welfare Premium. This deduction shall remain in effect unless a Pensioner contacts the Fund Administrator (DH Cook) and affirmatively revokes their election.

NOTE: If you do not select the automatic deduction, and elect to pay by check, there will be an additional \$10 administrative fee added to your Health & Welfare Premium Payment.

Please select an option below:

- OPT-IN:** START deductions
- OPT OUT:** Please **do NOT deduct** my H&W premium from my Pension Account. I acknowledge the additional \$10 admin fee.

Participant(s) Information

If Applicable, please enter the information of your dependents enrolled in the plan.

Last Name	First Name	SSN	Date of Birth	Relationship to Pensioner

Pensioner Signature

I hereby authorize the initiation of an assignment (deduction) from my Pension Account (unless my OPT-OUT is noted above). I understand that I have the right to stop automatic payment by Notifying the Fund Administrator in writing thirty (30) days prior to the time my account is charged.

Date

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Questions? You can call our Customer Service Department at 212-505-5050, option 3