



Dear Pensioner,

If you are tired of waiting for your pension check to arrive in the mail or if you are interested in a way that can save you time while providing a more convenient and secure method of receiving your pension check and avoid paying needless bank charges, then the Direct Deposit Program is right for you.

The Direct Deposit program is enjoyed by over 80% of pensioners of Central States Pension Fund. You may already be familiar with this process since the Social Security Administration directly deposits benefits into the bank accounts of most Social Security recipients.

The Central States Pension Fund Direct Deposit Program gives you the following advantages:

Save Time and Enjoy Convenience - You save time by no longer having to go to your bank to deposit your pension check and then wait for it to become available. This is an added convenience for those instances in which you are out of town and unable to receive your check at home or in cases of an unexpected absence from home. With the Direct Deposit Program your pension check is deposited directly into your bank account on the first business day of every month.

Safe and More Secure - Paper checks can be lost in the mail, stolen or delivered to the wrong address. When your pension check is deposited directly into your bank account it cannot go astray.

Avoid Bank Charges - Many financial institutions charge a check cashing fee. Direct deposit avoids these fees.

To enroll:

- Complete the form on the back side of this letter
- Include a voided check or a pre-printed savings deposit slip
- Return the form and the voided check or a pre-printed savings deposit slip to:

Central States Pension Fund
P.O. Box 5113
Des Plaines, IL 60017-5113

Or fax to: (847)518-9791

Within 60 days, your pension check will be automatically deposited into the account you designate. Until then, you will continue to receive your monthly pension check in the mail. Please note: If you currently have Direct Deposit and are changing banks, your pension check will be deposited into the new account you designate within 60 days. Until then, you will receive monthly pension checks in the mail.

If you have any questions concerning the Central States Pension Fund Direct Deposit Program, you may contact Participant Services at 1-800-323-5000.

CENTRAL STATES PENSION FUND
DIRECT DEPOSIT PROGRAM ENROLLMENT FORM

PLEASE READ AND COMPLETE ALL AREAS OF THIS FORM. RETURN THIS FORM AND EITHER A VOIDED CHECK (IF DEPOSITING TO CHECKING ACCOUNT) OR A PRE-PRINTED DEPOSIT SLIP (IF DEPOSITING TO SAVINGS ACCOUNT) AND MAIL TO CENTRAL STATES PENSION FUND, P.O. BOX 5113, DES PLAINES, IL 60017-5113. THE FORM MAY ALSO BE FAXED TO: (847)518-9791.

Under the EFT program, your pension check is deposited electronically and automatically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or a banking holiday). **For the purpose of delivery of year-end tax documents you must keep the Fund informed of your current address. If you move, please notify the Fund.** Please complete the following:

I hereby authorize Central States, Southeast and Southwest Areas Pension Fund, and the financial institution listed to deposit my pension benefit directly into my account each month. If funds to which I am not entitled are deposited into my account in error, I/we authorize the Fund to direct the bank to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of the funds including but not limited to the identity of all account holders. The authorization will remain in effect until I file a new authorization form or cancel my participation.

Pensioner Name: _____ SSN: _____
Home Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Pensioner Signature: _____ Date: _____

Bank Information:

Bank Name: _____ Bank Telephone: _____
Bank Address: _____
City: _____ State: _____ Zip: _____
Account Type: Checking Savings
Routing Number: _____ Account Number: _____
(Verify 9-digit number with bank)

Joint Account Holder(s) (Required for joint accounts only):

Name: _____ Name: _____
SSN: _____ SSN: _____
Date: _____ Date: _____
Signature: _____ Signature: _____

SAMPLE CHECK		0001
		<u>DATE</u> _____
<u>PAY TO THE ORDER OF</u> _____		\$
		_____ DOLLARS
<u>MEMO</u> _____		
123456789	: 0123456789	0001
Routing Number	Account Number	
<small>(NOTE: If you are initiating direct deposit to a savings account, please verify with your bank the correct routing and account numbers. The routing number is a 9-digit number that starts with a 0, 1, 2, or 3.)</small>		