

Dear Participant or Beneficiary:

The Direct Deposit program is enjoyed by over 93% of the pensioners of Central States Pension

Fund. You may already be familiar with this process since the Social Security Administration directly deposits benefit payments into the bank accounts of most Social Security recipients.

A few advantages of direct deposit for our pensioners:

- You don't have to worry about misplacing or losing paper checks.
- You don't have to rely on the USPS to deliver your pension check.
- You save time by not having to go to the bank to deposit your pension check.
- You have access to your benefit on the 1st of every month.

We have multiple ways 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

You may also register on-line at <u>mycentralstatespension.org</u> and sign up for Direct Deposit using the Update EFT button on your dashboard (as pictured below). Follow the instructions to receive your pension benefit electronically.

DIRECT DEPOSIT

Click the button below to update your Direct Deposit/EFT account information.

Account number:

Set up date:

Update EFT

Central-States-Pension-Fund-Form-Direct-Deposit.docx - 07/21/2023 (20240306)

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.

Home Address:				Talanhanai	
City:				State:	Zip:
Pensioner Signature:				_ Date:	
Bank Information:					
Bank Name:			Bar	nk Telephone:	
Bank Address:					
City:				State:	Zip:
Account Type:	Checking	Savings			
Routing Number:				Account Number:	
	(Ve	rify 9-digit number with	ı bank)		
Joint Account Holder(s	<u>s)</u> (Required for j	oint accounts only	·):		
Name:			Name:		
SSN:			SSN:		
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