

SCREEN ACTORS GUILD-PRODUCERS PENSION & HEALTH PLANS

DIRECT DEPOSIT AUTHORIZATION

Please complete this form for the purpose of depositing your monthly pension benefit directly into your bank account.

Participant Information			
PARTICIPANT'S LAST NAME	FIRST NAME	MIDDLE NAME	
PARTICIPANT'S SOCIAL SECURITY NUMBER		TELEPHONE NUMBER	
STREET ADDRESS			
CITY		STATE	ZIP CODE

Complete this portion *only if* you are receiving monthly benefits as the survivor of a deceased participant or an alternate payee under a Qualified Domestic Relations Order (QDRO).

Beneficiary Information			
BENEFICIARY'S LAST NAME	FIRST NAME	MIDDLE NAME	
BENEFICIARY'S SOCIAL SECURITY NUMBER		TELEPHONE NUMBER	
STREET ADDRESS			
CITY		STATE	ZIP CODE

Account Information		
NAME OF FINANCIAL INSTITUTION	TELEPHONE NUMBER OF FINANCIAL INSTITUTION	JOINT ACCOUNT <input type="checkbox"/> YES
JOINT ACCOUNT HOLDER(S), if applicable		<input type="checkbox"/> NO
TYPE OF ACCOUNT (Check only one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT INFORMATION (If necessary, contact your Bank for this information) Enclose a voided check*, which shows routing, and transit number.	
ROUTING AND TRANSIT NUMBER		ACCOUNT NUMBER

* A voided check is a blank check, which has "VOID" written on it.

Important Notice: Your pension check will be mailed to your current address until the electronic deposit is accepted by your financial institution. If the financial institution rejects your deposit, you will be notified.

Authorization Agreement

I/we hereby authorize the Screen Actors Guild - Producers Pension Plan to make direct deposits and, if necessary, correct any such deposits by making adjustments to my account at the financial institution I/we have indicated on this form. I/we understand that written authorization will be required to make any changes or to stop the direct deposits. I/we hereby authorize and instruct said financial institution to refund to the Screen Actors Guild - Producers Pension Plan an amount equal to any payments which, after my death, have been credited to my account and if applicable, to charge my account accordingly.

Participant's or Beneficiary's Signature

Date

Joint Account Holder's Signature (if any)

Date

P.O. BOX 7830 · BURBANK, CA 91510-7830
(818) 954-9400 · PENSION FAX (818) 973-4467 · (800) 777-4013 (EXCLUDES LOS ANGELES AREA)