



MONTHLY BENEFIT ELECTION

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

NO FEE IS CHARGED FOR THIS SERVICE

I hereby authorize the Southern California Pipe Trades Health & Welfare Fund (the "Fund") to transfer the balance of my Vacation and Holiday Individual Account **each month** to my bank account indicated below.

If any payment is deposited to the account, and if I am not entitled to such payment for any reason, I hereby authorize the Fund to directly debit my account and to direct the financial institution to refund to the Fund the amount of any such payment.

To insure my deposits will be properly credited I authorize the financial institution indicated to confirm to the Fund the accuracy of the specific financial institution and account information supplied below.

Name of Financial Institution (bank, credit union, etc.)	Transit/ABA/Routing Number
Account Number	Type of Account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Your Phone Number	Social Security Number (only last four digits are required)

I understand that:

1. This authorization will remain in effect until the Fund has received written notification from me of its termination (whereupon I will revert to receiving bi-annual benefits under the normal rules of the Health & Welfare Plan). The deadline for such notice is the 20th of the month before the month of payment.
2. No fee is charged for this service. On the reverse of this page is a form to apply for the direct deposit of Normal Benefit payments, which also carries no fee. The Trustees of the Health & Welfare Fund may decide to impose a fee as needed.
3. Participants who choose the Monthly Benefit option will have no interim withdrawal option during any year in which a monthly payment is made.
4. Participants may switch between the Normal Benefit option and the Monthly Benefit option at any time.
5. I must be the owner or a co-owner of the bank account listed above.
6. I must attach a voided check (or deposit slip in the case of a savings account), or this Election form will be rejected.
7. This form and attachment must be received by the Fund Office by the 20th day of the month in order for a direct deposit to be made for the following monthly distribution.
8. The Fund Office will initiate a direct deposit to the account on or about the fifth business day of each month. The amount deposited will be the balance of my Vacation and Holiday Individual Account **less authorized PAC/PEC contributions**.
9. The account must be open and capable of receiving deposits at the time of the direct deposit. If not, the funds will be returned to the Fund Office and will be unavailable until the earlier of (1) the next normal Benefit payment date (December or April), at which time a check will be issued, or (2) the next normal Monthly Benefit payment date after a revised direct deposit application form.

X _____
Participant Signature

Printed Name
 (must be name of account holder)

Date

Please verify bank account data.
You must attach a voided check (or deposit slip for a savings account).

SEE REVERSE FOR NORMAL BENEFIT OPTION