



Insulators and Allied Workers National Pension Fund

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Administered by:
NEBA
NATIONAL EMPLOYEE BENEFITS ADMINISTRATORS, INC.



MANDATORY DIRECT DEPOSIT AUTHORIZATION FORM

Name:		Date of Birth:	
Social Security # (last 4 digits):		Phone Number:	

I authorize National Employee Benefits Administrators, Inc. (NEBA, Inc.) to initiate Direct Deposit (credit entries) of my monthly retirement benefits from the Insulators and Allied Workers National Pension Fund to my Financial Institution account listed below. This authorization will remain in full force and effect until NEBA, Inc. receives written notification from me of its termination in such time and manner as to afford NEBA, Inc. and my Financial Institution a reasonable time to act on it.

Type of Account:	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account
Institution Name:		
Routing Number:		
Account Number:		
Signature:		Date: <input type="text"/>

ATTACH A BLANK VOIDED CHECK HERE FOR DIRECT CHECKING ACCOUNT DEPOSIT

For Savings Account Direct Deposit, please have your Financial Institution complete the following:

Institution Name:					
Branch:					
City:		State:		Zip Code:	
Routing Number:		Account Number:			