AUTHORIZATION FOR AUTOMATIC DEPOSITS (ACH CREDITS)

The National Asbestos Workers Pension Fund

SECTION A

I hereby authorize the National Asbestos Workers Pension Fund (hereinafter called "Fund") to initiate credit entries to my checking () or savings () account (select one)* indicated below, 0

·	ESSARY, TO INITIATE A DEBIT OF amed below (hereinafter called "Depo		-		
* Please atta	ach a voided check if a checking acc	count is selected.			
	ACCOUNT HOLDER'S NAME				
	DEPOSITORY (BANK) NAME				
	BRANCH				
	CITY	STATE	ZIP		
	TRANSIT/ABA	ACCOUN	T #		
	PARTICIPANT'S NAME				
	ADDRESS				
	PHONE NUMBER				
	SSN				
SECTION B					
	ng/savings account designated in this information on the non-participant/b			ide	
	NAME				
	RELATIONSHIP TO PARTICIPANT				
	SSN				
	ADDRESS				
	PHONE NUMBER_				

SECTION C

If the status of my account changes from an individual to a joint account, or there is any change to the status of a joint account holder, I hereby agree to notify the Fund of any such change and to provide the information set forth in Section B above, no later than fifteen (15) calendar days from such change of account status.

This Authorization shall remain in full force and effect until Fund has received written notification from me of its termination with sufficient time to afford the Fund a reasonable opportunity to act on it

I HEREBY SWEAR AND AFFIRM, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT I FULLY UNDERSTAND MY OBLIGATIONS AND THE OBLIGATIONS OF MY HEIRS OR ASSIGNS UNDER THIS AUTHORIZATION.

SIGNA	TURE	_
DATE_		_
FOR OFFICE USE O	ONLY	
Date Received		-
Processed by		