Twin City Hospital Workers Pension Plan

Payee Deposit Agreement

Please return this completed form to the address listed at the bottom of this page.

(Please PRINT all Information.)

I, the undersigned, hereby certify that I am a named signer on the below account and authorize the Twin City Hospital Workers Pension Plan ("Fund") and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments to my designated bank account below, including any amounts erroneously deposited therein. This authorization shall remain in force until I revoke it in writing or until the Fund receives notification of my death, whichever occurs first.

PARTICIPANT'S INFORMATION

Name of Participant/Payee _____ Date of Birth _____

SSN _____ Phone Number _____

Home Address _____

City _____ State _____ Zip _____

FINANCIAL INSTITUTION INFORMATION

Please provide a copy of a voided check or letter from your financial institution with your account number and routing number.

Name of Financial Institution: _____ Phone Number _____

Does your Financial Institution accept "Automated Clearing House" (ACH) transactions? ☐ Yes ☐ No

Bank Routing # (9 digits) ___ ___ ___ ___ ___ ___ ___ ___ ___ Account Number _____

Type of Account (check one): ☐ Checking/Share draft ☐ Savings

Bank Address: _____

City _____ State _____ Zip _____

PARTICIPANT'S AUTHORIZATION

Do not sign unless you are in the presence of a Notary Public or authorized Fund Office Representative.

_____ _____

Signature of Participant/Payee Date Signed

This form must be signed in front of a Notary Public or Fund Office Representative.

State of _____, County of _____

Subscribed and sworn to before me on this _____ day of _____ in the year _____

_____ My commission expires: _____

Signature of Notary Public

(SEAL) OR Witness by Fund Office Representative:

FOR FUND OFFICE USE ONLY

☐ View original identification document

_____

Signature of Fund Office Representative

_____

Print Name

Managed for the Trustees by: WILSON-MCSHANE CORPORATION
3001 Metro Drive, Suite 500 | Bloomington, MN 55425
952-814-4605 | FAX 952-851-3566
www.tchwpf.com