



**TOC - WOODWORKERS, I.A.M.
BENEFIT PLANS**

1220 SW Morrison Street » Suite 300 * Portland, OR 97205-2222
(800) 811-8853 Toll Free » (503) 222-7696 * (503) 228-0149 Fax

ADMINISTERED BY A&I BENEFIT PLAN ADMINISTRATORS, INC.

The One Choice for HR Solutions

TOC Management Services

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

The TOC-Woodworkers, IAM Pension Plan ("Plan") offers you the option to have your monthly benefit payment electronically transferred to your bank, credit union or other financial institution. If you would like to have your monthly payment electronically transferred, please complete Section 1, 3 and 4 and have your bank, credit union, or financial institution complete Section 2 below.

Once this form is completed please return it to:

**A&I Benefit Plan Administrators, Inc.
1220 SW Morrison Street, Suite 300
Portland, OR 97205-2222**

FAX* 503-228-0149

AUTHORIZATION AGREEMENT FOR CLEARPAY SERVICE

(Please check which Plan you would like this to be effective for)

IWA Pension Plan (Defined Benefit)
ID #93-0505548

IAM Defined Contribution Plan and Trust
ID #93-0951083

1. AUTOMATIC DEPOSITS - YOU MUST CHOOSE EITHER CHECKING OR SAVINGS

I hereby authorize the Plan to initiate credit entries and, if necessary, debit entries and adjustments for any erroneous credit entries to my **Checking** **Savings Account (select one)** listed below and the bank, credit union, or financial institution named below to credit and/or debit the same to the account.

2. YOUR BANK OR FINANCIAL INSTITUTION MUST COMPLETE THIS SECTION

Depository Name: _____
Bank, Credit Union, or Financial Institution

Street Address: _____

City: _____ State: _____ Zip: _____

Transit / ABA #: _____ Account*: _____

Please check the type of account: Checking Savings

Name (please print)

Signature of Bank, Credit Union, or Financial Institution Representative

3. YOU MUST COMPLETE THIS SECTION

This authority will terminate on the earliest of the following:

- a. thirty (30) days after the Plan receives written notice of your election to terminate the electronic transfer;
- b. the date of your death if there is not a survivor's annuity or guaranty payment payable to another person after your death;
- c. the date of the death of the last survivor of you or of a person who is entitled to a survivor's annuity on your death;
- d. the date any guaranty payment ends after your death.

If any payments are made to this account after a termination as set forth above, the Plan may either (a) debit entries to the account or (b) you and/or the person who receives a payment after the date of termination will be liable to the Plan. The amount debited and/or owed will be equal to any payment made into the account after the date of termination; interest on the payments at prime interest rate plus 2% per annum; and reasonable collection cost including the Plan's reasonable attorney's fees.

Name: _____ SSN: _____

Signature: _____ Date: _____ Phone: _____

4. JOINT ACCOUNTS

Please complete if a person other than you has the right to withdraw funds from this account.

Name: _____ Relationship to you: _____

I hereby agree to personally repay funds deposited into this account or permit a debit entry to this account after the termination as set forth above. The amount debited and/or owed will be equal to any payment made into the account after the date of termination; interest on the payments at prime interest plus 2% per annum; and reasonable collection cost including the Plan's reasonable attorney's fees.

Name: _____ SSN: _____

Signature: _____ Date: _____ Phone: _____