

INSTRUCTIONS

The AFTRA Retirement Fund offers automatic electronic deposits. Before your benefits can be electronically deposited, you must complete this form and submit a voided check, savings slip or account confirmation letter from your financial institution. Your direct deposit can only be set up to an account in your name. Please note that **this option is only available to residents of the United States or pensioners with a domestic bank account set up in the United States**. It is important to note that the AFTRA Retirement Fund does not offer electronic fund transfers into foreign accounts.

All sections must be completed fully and accurately for your Direct Deposit Authorization Form to be processed by the AFTRA Retirement Fund.

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Social Security No. _____

DEPOSITORY INFORMATION

This agreement allows your monthly pension benefit payment to be deposited directly into a bank or financial institution of your choice (excluding brokerage accounts). This option ensures that your benefits will be available, automatically, on the first business day of each month. It also offers you security against lost or stolen checks and delays in mail delivery.

This section must be completed fully and accurately. Check the box that applies. You must provide all required documentation for your Direct Deposit Authorization form to be processed by the Fund. You must read and complete the required fields below in order for the Fund to review and process this Direct Deposit Authorization Form.

I hereby authorize the AFTRA Retirement Fund to initiate entries to the account checked below, until further notice in writing from me.

(Participant's Initials)

☐ Checking (submit voided check, deposit slip or bank confirmation)

☐ Savings (submit voided savings slip or bank confirmation)

Name of Financial Institution _____

Routing No. _____ Account No. _____

MONTHLY PENSION PAYMENT DEPOSIT NOTICE

JP Morgan Chase issues a monthly Advice of Direct Deposit notice to your address of record. If you do not wish to receive the monthly issued Advice of Direct Deposit notice, please select the Opt-Out box below.

☐ Opt-Out

☐ I understand that by selecting Opt-Out on this Direct Deposit Authorization form, I have elected not to receive the Advice of Direct Deposit notice, each month.

(Participant's Initials)

JOINT TENANT INFORMATION

If the account information above is a joint account, both signatures are required below.

Participant Agreement	Joint Account Holder Agreement
If J.P. Morgan, on behalf of the AFTRA Retirement Fund, should make a payment by ACH electronic funds transfer, subsequent to my death, I hereby agree, on behalf of my executors and administrators, that my estate will refund any such overpayment to the Fund. I hereby authorize and direct the Depository listed above, promptly upon demand of the Fund, to return such payment to the Fund.	The undersigned, who is a joint tenant in the above-referenced account or holds a power-of-attorney over such account, hereby agrees that if any funds are credited to the account that represent a payment to the participant under the AFTRA Retirement Plan made subsequent to the death of such participant, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to take action necessary to return such funds to the Fund. The preceding shall not in any way diminish any rights that the undersigned may have to receive any payment under the Plan.
Participant's Signature	Joint Account Holder's Signature
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)

FORM SUBMISSION

Please complete and return this form by email, fax or mail to:

Email



retirement@aftraretirement.org

Fax



Fax: (212) 499-4928

Mail



**AFTRA Retirement Fund
Retirement Services Department
261 Madison Avenue, 7th Floor
New York, NY 10016**