

AUTHORIZATION FOR DEPOSIT OF RETIREMENT BENEFITS

TO BE COMPLETED BY RETIREE/BENEFICIARY: (Please print)

I, _____, authorize and request
(First Middle Last Name
that all Retirement benefits of which I am entitled to receive
as retiree or beneficiary of Roofers Local No.74/No.203 Pension
Fund be deposited at the depository bank designated below.

I hereby authorize depository bank to debit my account if any
payments are made subsequent to my death, and to refund said
payments to Roofers Local No.74/No.203 Pension Fund Office as
disbursing agent. I further authorize the disbursing agent to
initiate adjustment to my account for deposits in error.

I understand I have the right to revoke and cancel this
authorization. Such revocation or cancellation will take effect
when I notify the disbursing agent in writing.

SIGNATURE OF RETIREE/BENEFICIARY _____

SOCIAL SECURITY # _____

TO BE COMPLETED BY DEPOSITORY BANK:

This authorization and direction is acceptable to the depository
bank and the depository bank agrees to accept the fund for
deposit. In consideration of such deposits by Roofers Local
No.74.No.203 Pension Fund as disbursing agent, the depository
bank further agrees to refund any payments received, in
accordance with this authorization, which were paid subsequent
to the death of the retiree/beneficiary. The liability of the
depository bank is limited to the fund available in the retiree/
beneficiary's account at the time the disbursing agent requests
a refund.

NAME OF DEPOSITORY BANK: _____

BANK TELEPHONE # _____

BANK ROUTING NUMBER # _____

ACCOUNT # _____ TYPE ACCT. _____

AUTHORIZED SIGNATURE/TITLE _____

DATE: _____

Return Authorization form to:
Roofers Local No.74/No.203 Pension Fund
2800 Clinton Street
West Seneca, New York 14224