

**UNITED ASSOCIATION NATIONAL PENSION FUND  
DIRECT DEPOSIT AUTHORIZATION FORM**

Payee/Account Holder Soc. Sec. No.: \_\_\_\_\_

**Instructions for completing Direct Deposit Form**

1. All blanks must be filled in, and form **must** be signed, including by the Joint Account Holder if any.
2. **Attach a copy of a preprinted, voided check or a preprinted deposit slip.**
3. Return the form to the Fund Office by mail: UANPF, Attn: Accounting, 103 Oronoco St., Alexandria, VA 22314-2047  
or fax: 703-519-4487.
4. Questions? Call the Fund Office at 800-638-7442 x 4738.

**Payee/Account Holder Information and Acknowledgement**

Payee/Account Holder Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

**Check here if new address.** Name of Bank: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address of Bank (for deposit of paper checks): \_\_\_\_\_

ABA # (routing no.): \_\_\_\_\_ Account Number: \_\_\_\_\_

Account type: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Trust \_\_\_\_\_ Ownership of Account: Self \_\_\_\_\_ Joint \_\_\_\_\_

By signing this agreement, I authorize the United Association National Pension Fund (the "Fund") to make deposits to the account listed above for receiving my benefits and to debit such account for any deposits made in error including payments deposited into the account after my death. *If the Fund remits payments to my account after my death, I hereby authorize the financial institution listed above to provide the Fund information concerning these payments, the status of the account (open or closed), and the identity of persons with access to the account. Such authorization constitutes an exception as described in 15 U.S.C. 6802(e)(2) and authorization to release such information pursuant to the financial institution's privacy policy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form with a preprinted, voided check or a preprinted deposit slip to the address or fax no. listed above. **If the account is a joint account, the joint account holder must also complete the remainder of this form.**

**Joint Account Holder Information and Acknowledgement**

Joint Account Holder Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Joint Account Holder's Relationship to Payee/Account Holder: \_\_\_\_\_

I agree to the Payee/Account Holder's acknowledgement above. I also understand and acknowledge that I must immediately advise both the Fund and the financial institution in the event of the death of the Payee/Account Holder. I understand, acknowledge and agree that any money deposited into the account after the Payee/Account Holder's death is not my property or that of the estate of the deceased payee and must immediately be returned to the Fund and that I am liable to the Fund for return of any such payments. I further understand and acknowledge that I must immediately inform the Fund of any change in my mailing address or that of the Payee/Account Holder.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THERE IS MORE THAN ONE JOINT ACCOUNT HOLDER, EACH MUST COMPLETE THE ABOVE.**