



OE3 Trust Funds

Health. Security. Service.

Operating Engineers Trust Funds
Box 23190, Oakland CA 94623-0190

P 800-251-5014 • F 510-545-4937 • www.oe3trustfunds.org

PENSION BENEFIT ELECTRONIC FUND TRANSFER REQUEST

- Enclose a **voided check** for checking accounts OR a **savings deposit slip** for savings accounts (*please check correct routing number as deposit slips sometimes route differently than checks*).
- This form **MUST** be **signed and dated**.
- It may take up to 2-3 weeks to process your EFT
- The Pension Trust Fund office **cannot** send funds to Foreign banks.
- **Please be advised that if your bank account is closed, you are authorizing the Pension Trust permission to mail your pension check to the address you provided below.**

If you have any questions, please contact the Trust Fund Office at the phone number indicated above.

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____ Email: _____

Signature: _____ Date: _____

Joe Smith
1234 Anystreet Court
Anycity, AA 12345 1234

Pay to the order of _____

_____ Dollars

Bank Anywhere

123456789 123456789123 1234

Routing
Number

Account
Number

Check
Number

As benefit payments become due me from the Pension Plan, I authorize the Pension Plan Administrative Office to pay by directing the electronic transfer of funds, to the order of the below-named financial institution for credit to my account. I authorize said financial institution to refund an amount equal to any payments which become due after my death that have been credited to my account or to charge the account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the Pension Plan Administrative Office.

I will notify the Pension Plan Administrative Office in writing regarding a change in permanent residence and advise, at that time, if checks are to continue to be sent to the financial institution named below.

ACCOUNT INFORMATION

SELECT ONE: ☐ Checking Account **OR** ☐ Savings Account

Bank Name: _____ Bank Phone Number: _____

Routing Number: _____ Account Number: _____

THIS FORM MUST BE NOTARIZED BELOW

Witnessed by: _____ Date: _____ **-OR-**
(Plan Office Representative)

State of _____ County of _____

On this day of _____, before me came _____, known to me to be the person described above, who executed the foregoing statement, and duly acknowledged to me that he/she executed the same.

Notary Public