



OE3 Trust Funds

Health. Security. Service.

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

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

PENSION BENEFIT ELECTRONIC FUND TRANSFER REQUEST

- You may 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). FAX 510-545-4937
- This form **MUST** be **signed and dated**.
- It may take up to 4-6 weeks to process your EFT, during which time your check will be sent to your home address.
- Please be advised that this office **cannot** send funds to foreign banks.

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

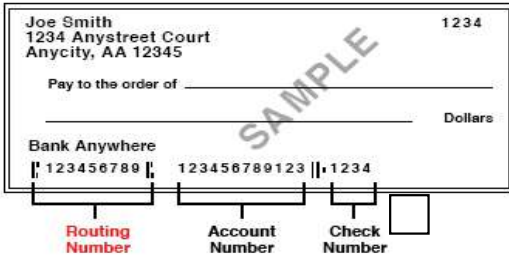
Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____ Check this box if address is new:

Check this box if you do not want direct deposit and want a check mailed to the address noted above:

As benefit payments become due to me from the Pension Plan, I authorize the Pension Plan Administrative Office to pay by directing the electronic transfer of funds, (or if not available, by direct mail of a check) 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: _____

Branch Address: _____

Routing Number: _____ Account Number: _____

Name: _____ Date: _____
(Employee's signature)

NOTARY CERTIFICATION

Witnessed By: _____ **OR** _____
(Plan Office Representative) (Date)

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 or she executed the same.

Notary Public