



NATIONAL AUTOMATIC SPRINKLER INDUSTRY

WELFARE FUND • PENSION FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785



TELEPHONE
(301) 577-1700

WELFARE FUND TRUSTEES

LANCE GUNNELLS, Secretary
ROB VINCENT
MARTIN CORCORAN
STEVE ULMER
SHANE RAY
JOSHUA SAVITZ, Alternate

ROBERT J. COOPER, JR, Chairman
PETER GIBBONS
KEVIN BELLEW
KRISTOPHER D. WINGET
CARL J. WESTBY
TRINIDAD J. URIBE, III, Alternate

PENSION FUND TRUSTEES

LANCE GUNNELLS, Secretary
ROB VINCENT
MARTIN CORCORAN
STEVE ULMER
SHANE RAY
JOSHUA SAVITZ, Alternate

ROBERT J. COOPER, JR, Chairman
WAYNE MILLER
TODD W. GOLDEN
KRISTOPHER D. WINGET
CARL J. WESTBY
JEFF DIXON, Alternate

TOLL FREE
(800) 638-2603

JOHN P. EGER, Administrator

Fax: (301) 429-4709

Dear Pensioner/Beneficiary:

Below is a Direct Deposit application if you are interested in having your monthly pension payment electronically transferred into your bank or credit union. **Your money will be transferred on the last working day of each month.** If you or your bank makes any changes to your account or routing numbers, you must request another form. If you close your account for any reason, **you must notify us immediately. If your check is being mailed each month, we cannot stop and replace a new check for you until the 10th of the following month. Please do not call until the 10th of the month for a replacement.** You may mail or fax this form back to the fund office for processing.

Request for Direct Deposit of Pension Payments By Electronic Funds Transfer

I hereby authorize the National Automatic Sprinkler Industry (NASI) Pension Fund to deposit all pension benefit payments due me from the NASI Pension Fund into the account named below. This authority will remain in effect until I give you written notice that I have terminated it. I understand that I must give you enough notice to allow you reasonable time to act on my instructions. In the event an overpayment should be credited to my account during or after my lifetime, I authorize you to direct my bank to refund same to you and charge such payment to my account.

Pensioner/Beneficiary: _____
Signature *Date* *Social Security Number*

Additional
Signature: _____
(Additional signature required only on joint account) *Date* *Pensioner/Beneficiary's Phone Number*

Pensioner Home Address _____
Street Address
CHECK BOX IF NEW ADDRESS

City *State* *Zip Code*

Bank/Credit
Union Name _____

Name(s) on Account _____

Account No. _____

Type of Account: Checking _____ Savings _____

Transit Routing/ABA Number: _____ -- _____ -- _____

You must provide one of the following documents with this form:

Voided check of the account information above including your name.

OR

A direct deposit authorization form issued from your bank/credit union.