



# NATIONAL AUTOMATIC SPRINKLER INDUSTRY

## WELFARE FUND • PENSION FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785



TELEPHONE  
(301) 577-1700

### WELFARE FUND TRUSTEES

FRED BARALL, Secretary  
ROB VINCENT  
MARTIN CORCORAN  
STEVE ULMER  
SHANE RAY  
JOSHUA SAVITZ, Alternate

ROBERT J. COOPER, JR, Chairman  
PETER GIBBONS  
BRIAN E. FISHER  
KEVIN BELLEW  
KRISTOPHER D. WINGET  
TRINIDAD J. URIBE, III, Alternate

### PENSION FUND TRUSTEES

FRED BARALL, Secretary  
ROB VINCENT  
MARTIN CORCORAN  
STEVE ULMER  
SHANE RAY  
LANCE GUNNELLS, Alternate

ROBERT J. COOPER, JR, Chairman  
WAYNE MILLER  
BRIAN E. FISHER  
TODD W. GOLDEN  
KRISTOPHER D. WINGET  
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 10<sup>th</sup> of the following month. Please do not call until the 10<sup>th</sup> 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.