MOTION PICTURE INDUSTRY
PENSION & HEALTH PLANS®

Pension Direct Deposit Authorization Form

Please complete this form to have your pension benefits deposited directly into your checking or savings account. As the recipient of these benefits, your payment will be in your account by the 1st day of each month.

Recipient's Information:

Name: **SSN:**

Address:

Phone: ( ) -

Participant's Information: *(Only if Recipient is not a Participant.)*

Name: **SSN:**

Address:

Phone: ( ) -

ACCOUNT INFORMATION

Bank Name: Phone: ( ) -

Joint Account: ☐ Yes ☐ No Joint Account Holder(s) Name:

Account Type: *(Please check only one)* ☐ Checking ☐ Savings ☐ Other:

Routing or Transit Number: Account Number:

Please enclose a voided check that shows your bank's routing/transit and account numbers.
(Your pension payments cannot be directly deposited into a Trust Account)

AUTHORIZATION AGREEMENT

I hereby authorize the Motion Picture Industry Pension Plan ("MPIPP") to make direct deposits to my account at the bank I have indicated on this form. I understand that a written authorization will be required to make any changes or to stop any direct deposit.

Account Holder's Signature *(Recipient)* Date Joint Account Holder's Signature *(if applicable)* Date

INCAPACITY OF RETIRED PARTICIPANT: A Durable Power of Attorney, Guardianship or Conservatorship is required for someone other than the Participant to legally handle any retirement transactions, bank accounts and changes of address. If a Durable Power of Attorney is used, the MPIPP also requires a doctor's certification of the Participant being incapacitated. These documents must be either originals or certified copies. Benefits are payable to the Participant only. These benefits may not be paid to another party (i.e. spouse, attorney-in-fact, etc.)

The line below may be signed only by an individual who has a valid power of attorney, or order of guardianship or conservatorship, which is currently in effect, is on file at the MPIPP, and which provides the holder thereof with the power to execute this authorization on behalf of the Participant. If you sign this authorization, you are certifying that you are legally authorized to sign this form on behalf of the Participant and that the Participant is still alive on the date stated below. If you are not so authorized or if the Participant is not alive, the MPIPP will pursue all available legal recourse to recover any funds paid pursuant to this authorization.

Authorized Signature on Behalf of Participant or Beneficiary Date

IMPORTANT NOTICE: Your pension check will be mailed to your current address until the electronic fund transfer is accepted by your bank. If for any reason the bank rejects your direct deposit, you will be notified at your current address of record. In that event, all future payments will be automatically put on-hold for security purposes until we receive further written notification or authorization from you.

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