

AGREEMENT FOR PAYMENT TO FINANCIAL INSTITUTION

A voided blank check or deposit slip must be attached

Section 1 (To be completed by Retiree)

Name of Recipient (Please Print)

Social Security Number

Telephone Number

Address (street, route, PO Box)

City

State

Zip Code

I authorize Kansas Construction Trades Pension Trust Fund to direct the net amount of my pension payment for crediting in my account as indicated at the financial institution designated below.

If any payments are made which are subsequent to the first day of the month in which my death occurs, I do hereby authorize the direct said institution on my behalf and on behalf of my executors or administrators to refund such payments to the Kansas Construction Trades Pension Trust Fund and to charge the same to my account.

In consideration of the recognition of said financial institution of the authority hereby conferred upon it, I hereby agree for myself and my executors and administrations to indemnify and save harmless said financial institution from any loss of damage said financial institution may sustain as a result of refunding to the Kansas Construction Trades Pension Fund, as provider herein, any payments received or credited to my account which are dated subsequent to the first day of the month in which my death occurs.

X Signature of Recipient X Signature of Joint Account Holder Date

Section 2 (MUST be completed by Financial Institution)

Name of Financial Institution

Street Address or PO Box

City

State

Zip Code

Routing Number for automated Clearing House Transfers

Bank Account Number Select One: Checking ( ) / Savings ( )

Financial Institution Certification

I confirm the identity of the above named recipient and the account number. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above and to refund any such payments made after the death of the retiree and to which the retiree is not entitled, provided there are still monies in the account.

Print or Type Representative's Name and Title Signature of the Representative

X X

Telephone # Date

\*\*\*\*THE LANGUAGE OF THIS DOCUMENT CAN NOT BE CHANGED\*\*\*\*