

**APPLICATION TO CHANGE MONTHLY ANNUITY FUND BENEFITS**

**ANNUITY FUND OF THE ELECTRICAL  
INDUSTRY OF LONG ISLAND**

372 Vanderbilt Motor Parkway  
Hauppauge, NY 11788

Gentlemen:

I hereby request that you:

- **\*\* INCREASE** \_\_\_\_\_ **SPOUSE SIGNATURE REQUIRED BELOW**
- **DECREASE** \_\_\_\_\_
- **NO CHECK** or ACH/Direct Deposit UNTIL FURTHER NOTICE \_\_\_\_\_

My monthly Annuity payment to \$ \_\_\_\_\_ Tax \_\_\_\_\_  
(20% tax is required; you may opt for a higher percentage)

Beginning with the payment for \_\_\_\_\_  
Month Year

NAME: \_\_\_\_\_  
Please Print

SS#: \_\_\_\_\_ MEMBER SIGNATURE: \_\_\_\_\_

---

**\*\* Increase benefits only** SPOUSE SIGNATURE: \_\_\_\_\_

**Verification**

State of: \_\_\_\_\_ Signed and sworn to before me

County of: \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

---

Electronic Deposit:

Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Routing No.: \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_