

I.B.E.W. Local 25 401(k) Fund
372 VANDERBILT MOTOR PARKWAY
HAUPPAUGE, NY 11788

MONTHLY ACH/ DIRECT DEPOSIT

PARTICIPANT NAME: _____ AGE: _____ S.S. #: _____

ADDRESS: _____

The Trustees of the **401(k) Fund** recommend that you have your monthly **401(k) Benefit** deposited directly into an account at a financial institution of your choosing. After receipt of this completed sign-up form in the Fund Office, your monthly benefit will be deposited to your account by an electronic transfer on the first banking day of the month.

I hereby authorize the **I.B.E.W. Local 25 401(k) Fund** to initiate/change credit entries and, if suitable, debit adjustments for any credit entries made in error, to the account number and financial institution listed below:

Name of bank/financial institution Mailing address of bank/financial institution

Account Type: Checking ____ Savings ____

Bank Routing No: _____ Account No: _____

*****PLEASE SUBMIT VOIDED CHECK*****

PLEASE SELECT ONE:

☐ INCREASE ACH PAYMENT* -SPOUSE SIGNATURE REQUIRED

☐ DECREASE ACH PAYMENT* ☐ INITIATE ACH PAYMENT (REQUIRED MINIMUM DISTRIBUTION -
IRS FORM W4-R MUST ACCOMPANY THIS RMD ACH REQUEST)

Gross Monthly Payment \$ _____ Payment to begin: Month _____ Year _____

☐ STOP ACH PAYMENT as of: Month _____ Year _____

***UPDATED IRS FORM W-4P IS REQUIRED TO DETERMINE AMOUNT OF FEDERAL INCOME TAX WITHHOLDING** - see
attached

PARTICIPANT SIGNATURE: _____ DATE: _____

FOR INCREASE OF PAYMENT OR CHANGE OF BANK INFORMATION, SPOUSAL APPROVAL IS REQUIRED.

VERIFICATION OF SPOUSE

SPOUSE SIGNATURE: _____ DATE: _____

Signed and sworn to before me this day of _____, 20_____.

State of _____, County of _____.

NOTARY PUBLIC

E.I.B. ADMINISTRATION