

THE NATIONAL ELEVATOR INDUSTRY PENSION PLAN ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION PAYMENTS

THIS FORM MUST BE COMPLETED IN ORDER FOR YOU TO RECEIVE YOUR PENSION PAYMENT BY DIRECT DEPOSIT. Unless you notify the Benefits Office that you want to receive your pension payment by check, your pension payments will be made by direct deposit once this form has been processed by our office. If you wish to receive your pension payment by check rather than direct deposit, please carefully review “Considering Receiving Your Pension Payment by Check Rather than Direct Deposit?” in Section 1 below and call the Benefits Office as soon as possible. **For details and requirements regarding the enrollment process please see “Section 2: Enrolling in Direct Deposit” below.**

Section 1: **Considering Receiving Your Pension Payment by Check Rather than Direct Deposit?**

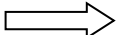
The National Elevator Industry Pension Plan has developed a dependable DIRECT DEPOSIT service under which we will deposit your pension payments in your checking or savings account (we cannot load debit or cash cards). With Direct Deposit you can be assured that your money will be in your account on the first business day of each month for immediate use. Other advantages of Direct Deposit include: (1) avoids mail delays; (2) eliminates the possibility that your pension check will be lost or stolen; (3) allows you to be away from home without delay in having your benefit available to you; and (4) eliminates a special trip to the bank each month.

Section 2: **Enrolling in Direct Deposit**

You must complete the **Enrollment Form for Direct Deposit of Pension Payments** and return the form to the Benefits Office. Once received, your direct deposit request will be processed, and your account information confirmed. **PLEASE NOTE: You will continue to receive your check via mail while this review takes place. You will receive written confirmation regarding your enrollment. Direct deposit to your requested bank account usually starts the SECOND month following our receipt of your direct deposit enrollment form.**

Once Direct Deposit is established, you will receive a monthly **Notice of Deposit** which is a check stub showing the amount of pension monies deposited into your account, any deductions you have elected to have withheld from your pension, and year-to-date figures. **It is recommended that these stubs be retained for tax planning purposes.**

Section 3: **Opting Out of Direct Deposit / Electing to Receive Your Payment by Check**

If you have certain circumstances where Direct Deposit is not feasible, such as you have retired outside the United States, are in a nursing home, or other extenuating circumstances please call the Benefits Office to discuss your circumstances and request pension payment by check. It is our policy to mail all checks two business days prior to the scheduled pay date. **Please be aware that once payments are sent to the Post Office, we have no control over the length of delivery time and your pension check may not be delivered on the first of the month. Please be patient as checks are frequently received late and a replacement check will only be issued after the 8th day of the month.** **SEE REVERSE SIDE FOR APPLICATION** 

If you have any questions concerning direct deposit, or require your pension payment by check please contact our office at 1/800-523-4702: Follow Prompts #4, #5, #2

TO ENROLL IN DIRECT DEPOSIT COMPLETE AND RETURN THIS FORM TO:

National Elevator Industry Pension Plan
Attn: Finance Department
19 Campus Blvd, STE 200
Newtown Square, PA 19073-3288
Fax (610) 557-4516 or FFax@neibenefits.org

APPLICANT INFORMATION: COMPLETE ALL FIELDS BELOW INCLUDING SIGNATURE AND DATE

SOCIAL SECURITY NUMBER (last 4 digits only) or ALT ID: _____

PENSIONER'S NAME _____

ADDRESS _____

PHONE NUMBER (____) _____

ACKNOWLEDGEMENT: I am the payee under the above Social Security/Alt ID number and I hereby request that until further written notice from me is filed with Pension Plan Administrator, all payments be directly deposited in the account at the Bank designated below. I authorize the Bank designated to debit my account and to refund any overpayments to the National Elevator Industry Pension Plan.

PENSIONER'S SIGNATURE _____ DATE _____

BANK INFORMATION: CHOOSE ONE (1) OPTION BELOW AND FOLLOW THE INSTRUCTIONS TO ENROLL

CHECK THIS BOX TO DEPOSIT YOUR FUNDS TO A CHECKING ACCOUNT

****You MUST attach a copy of a blank check marked "VOID" in order for this request to be processed****

CHECK THIS BOX TO DEPOSIT YOUR FUNDS TO A SAVINGS ACCOUNT

****You MUST complete the information below in order for this request to be processed****

- 9-DIGIT ACH BANK ROUTING NUMBER: _____
- SAVINGS ACCOUNT NUMBER: _____
- NAME AND ADDRESS OF BANK TO WHICH PAYMENT IS TO BE MADE:
Bank Name _____
Address _____
City _____ State _____ Zip Code _____
Bank Telephone Number (____) _____ Extension _____