

Alaska UFCW Pension Trust
Administered by Zenith American Solutions
12205 SW Tualatin Road, Suite 200
Tualatin, Oregon 97062
Toll Free: (833) 942-2315
Fax: 1(503) 867-8949

Pension Benefit Electronic Fund Transfer (EFT) Request

I request my monthly benefit be sent to my bank, or other financial institution shown below, for electronic funds transfers.

Retiree Information:

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

If this is a NEW address, please check here

Financial Institution:

Name _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: **We can NOT deposit to a debit card.** Please provide your checking or savings account information only. ** Attach a voided check

Checking Account

Savings Account

Account Number: _____

Routing Number: _____

As benefit payments become payable from the Pension Plan, I authorize the Pension Plan Administrative Office to pay by directing the electronic transfer of funds, to the order of the above-named financial institution for credit to my account. I authorize said financial institution to refund an amount equal to any payment, which becomes due after my death that has been credited to my account or to charge the account accordingly. In addition, in the event of an incorrect amount or entry, I authorize the Pension Plan Administrative Office to reverse this transaction. I reserve the right to cancel this authorization and direction by giving written notice to the Pension Plan Administrative Office.

I will notify the Pension Plan Administrative Office when I change my permanent residence and advise at that time if payments are to continue to be sent to the financial institution named above.

Signature _____

Date _____