Los Angeles Hotel-Restaurant Employer-Union Retirement Fund

Administered By: Benefit Programs Administration Telephone • (800) 252-9117 • (562) 463-5020 • Facsimile (562) 268-1712

RE: ELECTRONIC FUNDS TRANSFER (EFT)

Dear Pensioner,

Our records indicate that your monthly pension check is being sent **BY MAIL** either to your **address** or to your **bank**.

The Board of Trustees are pleased to offer to you the ability to have your monthly pension benefit directly transferred to your bank account through **Electronic Funds Transfer (EFT).**

Please note the following advantages with Electronic Fund Transfer –

- Your monthly pension is automatically deposited to the financial institution at <u>no cost to you;</u>
- The money is always available on the <u>first business day</u> of the month;
- <u>Direct deposit</u> guarantees that the money is <u>available</u> to you in your account promptly and safely; and
- There are no <u>mail delays</u>, <u>risk of loss</u>, or <u>theft</u>.

We have enclosed an EFT Form should you wish to avail of this service. Please return this form to the Trust Office with either:

- 1) **Voided check** if you want your pension deposited to your **Checking Account**, or,
- 2) **Deposit Slip** if you want your pension deposited to your **Savings Account**.

DO NOT RETURN THIS FORM IF YOU WANT YOUR PENSION CHECK SENT <u>BY MAIL</u> TO YOUR ADDRESS OR TO YOUR BANK.

Sincerely,

ADMINISTRATIVE OFFICE

Los Angeles Hotel-Restaurant Employer-Union Retirement Fund

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AUTHORIZATION FOR ELECTRONIC DEPOSIT OF PENSION BENEFITS (EFT)

Name (<i>Please type or Print</i>)	Social Security No.
Mailing Address	
City, State, Zip	Telephone No
I hereby authorize the LOS ANGELES Hereby RETIREMENT FUND to electronically transfer m	

my (please check one of the following):

	Checking Acco	ount		Savi	ngs A	Accou	nt	Ľ	Othe	er Acc	ount	
Bank's	Transit Routing	Numbe	rs (ABA	No.)								
Accoun	t No.											

Please attach a VOIDED CHECK or a Savings Account DEPOSIT SLIP to this Form.

This authorization shall remain in effect until the Los Angeles Hotel-Restaurant Employer-Union Retirement Fund has received <u>written</u> notification of its termination, or until the Fund has sent me written notice of its termination. I understand that any funds received by the designated financial institution after my death are to be returned to the Fund, and I authorize the financial institution to refund the same to the Fund and charge all payments to this account.

Funds are to be deposited at the following:

Name of Financial Institution				
F	Please print or type			
Address				
Street Name(s) on Account:	City	State	Zip	
F	Please print or type			
Your Signature				Date
Joint Account Holder's Signature)	Date		

1200 WILSHIRE BLVD, 5TH FLOOR, LOS ANGELES, CA 90017