

FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS

Administrative Office of:

LOCAL 580 VACATION FUND

LOCAL 580 INSURANCE FUND

LOCAL 580 PENSION FUND

LOCAL 580 ANNUITY FUND

LOCAL 580 EDUCATIONAL FUND

LOCAL 580 PENSIONERS' SUPPLEMENTAL FUND

Second Floor * 501 WEST 42nd STREET * NEW YORK, NY 10036 * (212) 695-5206

FAX (212) 947-5719

PATRICK DOHERTY *Fund Director*

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (WIRE TRANSFER) OF ANNUITY BENEFIT

I hereby authorized the Local 580 Annuity Fund to electronically transfer my annuity monthly withdrawal benefit directly to the bank account identified below. I understand that no endorsement of individual checks or further authorization on my part will be necessary. I hold the Local 580 Annuity Fund blameless for any loss I might sustain as a result of having my annuity monthly withdrawal benefit electronically transferred in my bank account, including but not limited to any loss resulting from the bank's failure to properly credit said benefit amount to my account.

I also authorized the bank named below to accept my annuity monthly benefit transfer made on my behalf by the Local 580 Annuity Fund.

This arrangement may be terminated by me or the Local 580 Annuity Fund receiving notice from my bank that it will receive my annuity benefits as outlined above.

BANK NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

ACCOUNT #: _____ ACCOUNT TYPE: _____

(Savings or Checking)

A.B.A. (ROUTING) #: _____

NAME: _____

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

CITY, STATE & ZIP: _____