

# Steamfitters Local 602 Retirement Savings Plan

Physical Address: 8700 Ashwood Dr. Suite 150, Capitol Heights, MD 20743 • Mailing Address: PO Box 21427 Eagan, MN 55121

Phone: (410) 444-3756 or (800) 618-2879 • Fax: (240) 303-2484 • Website: HPRBenefitFunds.com

Administered by  
Welfare & Pension Administration Service, Inc.



## DIRECT DEPOSIT AGREEMENT

Account Number: 780298-01

Sponsor Name: Steamfitters Local 602

Plan Name: Steamfitters Local 602 Retirement Savings Plan

Select Which Item Applies: ☐ Initial Election ☐ Change of Bank or Account

### PARTICIPANT INFORMATION

Participant Name \_\_\_\_\_  
First Middle Last

Participant Address \_\_\_\_\_  
Street  
City State Zip

Social Security No. Phone No. E-Mail Address

### AUTHORIZATION

I authorize Empower Retirement to make all retirement payments due to me under the above-numbered account by Electronic Direct Deposit to the bank account designed below. I also authorize Empower Retirement to initiate debits to that bank account for overpayment made to me and the bank named below to debit any account and refund any such overpayment to them. Payments made under this agreement fully satisfy any obligation to make payments to me.

I also agree that to cancel this agreement, I must give at least one month's written notice to Empower Retirement. Upon my death, my executors or administrators will pay to Empower Retirement from any estate the amount of any payments collected by the Bank which may have been considered as an overpayment depending upon the type of distribution election I made.

By electing direct deposit and signing this form, I certify that I am an account holder on the bank account listed below:

Bank Name: \_\_\_\_\_ Address \_\_\_\_\_

City State Zip Code

Bank Transit Routing Number \_\_\_\_\_ Phone No. \_\_\_\_\_

Account Number \_\_\_\_\_ ☐ Savings ☐ Checking ☐ Other \_\_\_\_\_

### ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

To help protect our customers' assets, Empower Retirement will independently validate bank and customer account information before processing Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information by sufficient documentation to support the Direct Deposit/EFT is not provided, we will mail a check to the address of record. It should be noted that we are not always able to independently validate credit unions or smaller banks.

### SIGNATURE

Participant \_\_\_\_\_ Date \_\_\_\_\_