

INSTRUCTIONS

The AFTRA Retirement Fund offers automatic electronic deposits. This agreement allows your monthly pension benefit payment to be deposited directly into a bank or financial institution of your choice (excluding brokerage accounts). This option ensures that your benefits will be available, automatically, on the first business day of each month. It also offers you security against lost or stolen checks and delays in mail delivery. Please complete the information below and return by email, fax or mail to:



Email

retirement@aftraretirement.org



Fax

Fax: (212) 499-4928



Mail

**AFTRA Retirement Fund
Retirement Services Department
261 Madison Avenue, 7th Floor
New York, NY 10016**

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Social Security No. _____ Mobile Phone _____ Home Phone _____

Email Address _____

DEPOSITORY INFORMATION

I hereby authorize the AFTRA Retirement Fund (the Fund) to initiate entries to the account checked below, until further notice in writing from me.

Checking (attach a voided check) Savings (attach a savings deposit slip)

Name of Financial Institution _____

Routing No. _____ Account No. _____

JOINT TENANT INFORMATION

If the account information above is a joint account, both signatures are required below.

Participant Agreement	Joint Account Holder Agreement
<p>If J.P. Morgan, on behalf of the AFTRA Retirement Fund, should make a payment by ACH electronic funds transfer, subsequent to my death, I hereby agree, on behalf of my executors and administrators, that my estate will refund any such overpayment to the Fund. I hereby authorize and direct the Depository listed above, promptly upon demand of the Fund, to return such payment to the Fund.</p>	<p>The undersigned, who is a joint tenant in the above-referenced account or holds a power-of-attorney over such account, hereby agrees that if any funds are credited to the account that represent a payment to the participant under the AFTRA Retirement Plan made subsequent to the death of such participant, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to take action necessary to return such funds to the Fund. The preceding shall not in any way diminish any rights that the undersigned may have to receive any payment under the Plan.</p>
<p>Participant's Signature</p>	<p>Joint Account Holder's Signature</p>
<p>Date</p>	<p>Date</p>