

Plan Name:

Plan Number: (12 Digit Omnipay Number)

Name:

Address 1:

Address 2:

City State Zip

Social Security Number:

I hereby authorize KeyBank National Association, and any of its affiliates (collectively "Key") , as Trustee/Custodian of the above Plan, to initiate credits (and debits if necessary) by preauthorized electronic fund transfer to my Bank as listed below:

Bank Name:

Bank Address 1:

Bank Address 2:

City State Zip

Bank Routing Number (ABA Number)*:

Account Number: ☐ **Checking ☐ Savings
(Check One)

* As banks use different ABA numbers for different purposes, please verify your ABA number with your banking institution.

** If you select Checking, attach a check marked "VOID". Please do not attach a bank deposit ticket, as deposit instructions may differ from your check instructions.

INTERNATIONAL ACH DETAILS (if applicable)

Complete if standing instructions exist to forward funds via ACH network to a foreign institution. Help text available by selecting (F1).

Foreign Payment Amount:

Receiving Depository Financial Institution (DFI) Name:

Receiving DFI BIC Code:

Receiving DFI Branch Country Code:

Receiver Street Address:

Receiver City & State / Providence:

Receiver Country & Postal:

This authorization is to remain in full force and effect until the Trustee/Custodian has received written notification from me of its terminations.

If I, the Pensioner, die prior to the date on which any payment made as indicated above becomes due under the terms and provisions of the Plan, I hereby authorize and direct the above-mentioned Bank to refund Key as Trustee/Custodian and charge to my/our account the amount of such overpayment.

I understand that with electronic funds transfer requests, the Trustee/Custodian may go through the prenotification process. My funds will be electronically transferred to my account on the first pension payable date following the completion of the prenotification process. I also understand that the Trustee/Custodian will not be liable for any error or delay in processing a transfer by another financial institution or its processing agent.

X Signature of Participant - (Required): Date:

X Signature of Joint Owner: Date:

Return the signed form to:

**KeyBank National Association
Employee Benefit Disbursements
P.O. Box 94717 / OH-01-49-0305
Cleveland, Ohio 44101-4717**