

Southwest Asbestos Workers Local 94 Pension Fund

BENEFIT RESOURCES, INC.

8441 GULF FREEWAY, SUITE 304

HOUSTON, TEXAS 77017

TELEPHONE: (866) 236-3148

FAX: (866) 316-4794

DIRECT DEPOSIT BANKING AGREEMENT

Name _____
Last First Middle Telephone Number

Address _____
Street City or Town State Zip

Social Security Number _____

- A. I do not wish to have my check deposited directly into my account at this time.
 I hereby authorize the Custodian of the Southwest Asbestos Workers Local 94 Pension Fund ("Plan") to directly deposit and transmit my monthly retirement benefits to the account specified below.

Bank Information:

Bank Name _____ Telephone Number _____

Address _____
Street City or Town State Zip

Routing Number _____ Account Number _____

For credit to: Checking Savings

I also authorize the Custodian to charge the above account, or any other account in my name, for improper overpayments made to me and to refund any and all overpayments to the Southwest Asbestos Workers Local 94 Pension Fund. I hereby release the Trustees and Plan from any liability concerning any obligations of the Custodian related to the direct deposit of my benefit payment.

SIGNATURE OF RECIPIENT

DATE