

**BASIC PLAN DIRECT DEPOSIT OF MONTHLY BENEFIT**

Complete this form only if you will receive or are receiving any of your Basic Plan benefit as a monthly amount.

Your monthly Basic Plan benefit will be sent directly to your bank or other financial institution for deposit. Complete this form and return it to the Pension Plan Office, along with a voided check for the corresponding account. There is a one month delay for direct deposit. Any interim payments will be made by check.

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

Account Number: \_\_\_\_\_

ABA (Routing) Number: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

As payments become due to me under the DGA-Producer Pension Plans, I authorize that payments be made by direct transfer of funds to the order of the above financial institution for credit to my account. I agree to periodically furnish evidence of my survival. I authorize said financial institution to refund to the DGA-Producer Pension Plans an amount equal to any payments which become due after my death that have been credited to my account or to charge my account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the DGA-Producer Pension Plans. I understand that your liability is fully satisfied as soon as the deposit is made even if someone else (such as a joint account holder) takes the money afterwards and I never get it.

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

Attach a voided check from the account where you would like the deposit made.