

Directors Guild of America-Producer Pension Plan
8436 West Third Street, Suite 900
Los Angeles, CA 90048-4189
(323) 866-2200 (877) 866-2200 Toll free outside Los Angeles area



DIRECT DEPOSIT OF MONTHLY BENEFIT

BASIC PLAN

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. The first direct deposit will occur on the payment date 30 days after the Pension Plan Office receives this form from you. Any interim payments will be made by check.

Participant Name: _____
Social Security #: _____

Bank Name: _____

Bank Address: _____

Account #: _____

ABA (Routing) #: _____

Bank Phone #: _____

As payments become due to me under the Directors Guild of America - 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 Directors Guild of America - 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 Directors Guild of America - 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.

Participant Signature Date

ATTACH VOIDED CHECK