

## DIRECT DEPOSIT FORM

To receive your pension payments by direct deposit, return this form (and a voided check, if available) via the **myPHP online benefits portal** (To register, have your Plan ID number ready and visit [dgaplans.org/myPHP](http://dgaplans.org/myPHP).), mail to **DGA-Producer Pension Plans, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036**, fax to **(323) 866-2372**, or email to **pension@dgaplans.org**. If you need any assistance, please contact the Pension Plans at (323) 866-2200, ext. 404.

1. Provide your information below.	
Your Name	Pension Plan ID
Telephone Number	Email Address

2. Mark the applicable option below.
<p><b>I want to setup or update my direct deposit information for the following pension plan(s):</b></p> <p><input type="checkbox"/> Basic Pension Plan (for your monthly benefit payment)</p> <p><input type="checkbox"/> Supplemental Pension Plan (for your monthly, quarterly, or semi-annual partial distributions)</p> <p><input type="checkbox"/> Both the Basic Pension Plan and Supplemental Pension Plan</p>

3. Provide your bank account information below.
Bank Name
ABA Routing Number
Account Number
Note: The bank account must be your <b>personal account</b> (not a business account) and must have an American Bankers Association (ABA) routing number.

4. Sign and date below.
<p>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.</p>
Signature: _____ Date: _____