

Complete this form only if you are outside the U.S. and would like to receive your Basic Pension Plan payments via wire transfer.

Your Basic Pension Plan payment will be sent to your bank or other financial institution for deposit. The bank account must be your personal account (not a business account) and must have BIC/SWIFT Code. Complete this form and return it by mail to **DGA-Producer Pension Plan, 5055 Wilshire Blvd, Ste. 600, Los Angeles, CA 90036**, by email to **pension@dgaplans.org**, or by fax to **(323) 653-3560**.

Participant/Payee Name: \_\_\_\_\_

Plan ID: \_\_\_\_\_

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

Your Bank Address: \_\_\_\_\_  
(specifically the address to which  
your distribution is being sent)

Your International Bank  
Account Number (IBAN): \_\_\_\_\_

Your Bank's BIC/SWIFT Code: \_\_\_\_\_

Your Bank's Sort Code (IRC): \_\_\_\_\_

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

Your Address: \_\_\_\_\_  
(specifically the address associated  
with your bank account)

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 agree to pay for any applicable bank fees, which shall be deducted from the total benefit payment deposited into my account. 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: \_\_\_\_\_