

**I.B.E.W. PENSION BENEFIT FUND  
ELECTRONIC FUNDS TRANSFER AUTHORIZATION  
PHONE NUMBER: 1-800-733-4239**

I, the undersigned benefit recipient \_\_\_\_\_ (print name),

Whose address is \_\_\_\_\_ (street)

\_\_\_\_\_ (city)

\_\_\_\_\_ (state, zip)

authorize the monthly pension payable to me under the terms of the IBEW Pension Benefit Fund plan(s) to be electronically transferred through the Automated Clearing House ("ACH") to the bank listed below. This instruction should remain in effect until canceled in writing.

NOTE: The Bank address below should be the **BANK-BY-MAIL** address.

(Bank – by – Mail Name) \_\_\_\_\_

(Bank – by – Mail Street) \_\_\_\_\_

(City, State and Zip Code) \_\_\_\_\_

Your Account Number \_\_\_\_\_ -Checking  
or  
-Savings

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

If you are receiving a Survivor's benefit, please complete the following:

\_\_\_\_\_  
Deceased Retiree's Name

\_\_\_\_\_  
Deceased Retiree's Social Security Number

**The following section of this form must be completed by your bank**

The bank agrees to refund to the Custodian any payment(s) received and credited to the account in error or subsequent to the date of his/her death, to the extent funds are available in the account.

By: \_\_\_\_\_ (Bank Representative's Signature)

Print Name and Title \_\_\_\_\_

Dated: \_\_\_\_\_ Bank's Telephone Number: ( ) \_\_\_\_\_

Bank's ACH Routing/Transit Number \_\_\_\_\_

Return completed form to: **BNY MELLON BENEFIT DISBURSEMENTS**  
**P.O. Box 569**  
**Pittsburgh, PA 15230-0569**

**PBF00M**

Internal Use Only

**Fax: 877-358-9729 Email: bdpensionphone@bnymellon.com**

**\*\*IF YOU ARE NOT AN IBEW PAYEE PLEASE CALL 1-800-733-4239 DO NOT MAIL THIS FORM\*\***