

GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST
3040 WILLIAMS DRIVE, SUITE 640 • FAIRFAX, VA 22031
PHONE: (571) 800-1860 • WEBSITE: WWW.GAIJPT.ORG

PENSION APPLICATION- LOCAL 612M (Former Local 31C)

Instructions: Please read this application and election form carefully and *print* all requested information. Mail the completed application to the Fund office. No pension benefits can be issued until after this application and all requested documents have been received. If you have ever been divorced, you must attach your divorce decree(s). If you have any questions regarding this application, contact the Fund office.

In accordance with the provisions of the Graphic Arts Industry Joint Pension Trust, I hereby apply for a retirement pension, for which I believe I have met the eligibility requirements (or shall have satisfied such requirements as of my contemplated retirement date). I submit this application for the purpose of obtaining such pension, and hereby certify that all the information contained on this application is true and correct to the best of my knowledge and belief.

Signature _____ Date _____
(Do Not Print)

Application for: ☐ Normal Retirement (Age 65 or over) ☐ Deferred Vested Retirement
☐ Early Retirement (Age 55 to 65) ☐ Disability Pension

Name _____ / _____ Male ☐
(First) (Middle) (Last) (Soc. Sec. No.) Female ☐

Address _____ / (_____) _____
(Number and Street) (City, State and Zip Code) (Telephone #)

Date of Birth* _____ Place of Birth _____ Local Union No. _____
*Proof of Age Must Be Submitted With Application

Name of Last Employer _____ Last Day Worked (or Expected to Work) _____

Retirement Date For Commencement of Benefits _____

Note: Early Retirement benefits cannot commence earlier than the first day of the month following the filing of this application with the Fund office, if otherwise eligible. If eligible, a Disability Retirement pension cannot commence earlier than the effective date of a Social Security Disability (SSDI) benefit (retroactive no more than 24 months from the filing of this application) or, if no SSDI award, the first of the month after filing this application.

MARITAL STATUS: CHECK ALL THAT APPLY – If you have been divorced, your pension may be subject to assignment to your former spouse under the terms of your divorce decree, including any Qualified Domestic Relations Order (QDRO). If you have more than one former spouse, add additional former spouse's information on separate sheet.

- ☐ I am married. Attach copy of marriage certificate and spouse's proof of age.
- ☐ I have never been married.
- ☐ I am married but am unable to locate my spouse.
- ☐ I was previously married (whether or not currently married). If divorced, attach divorce decree(s) and any Qualified Domestic Relations Order.
- ☐ I am legally separated from my spouse. Attach legal separation order and any Qualified Domestic Relations Order.

Name of Current Spouse _____ Soc. Sec. No. _____

Spouse's Date of Birth _____ Date of Marriage _____

Name of Former Spouse _____ Soc. Sec. No. _____

Spouse's Date of Birth _____ Date of Marriage _____ Date of Divorce _____

If you are applying for a *Disability Retirement* pension, complete the following and submit a copy of your Social Security Administration *Certificate of Disability Award* with this application. If your application for Social Security disability benefits is pending or has been denied and you are appealing, please submit status of your application below or attach a separate page.

Date Disability Incurred _____ Effective Date of Social Security Disability _____

Nature of Disability _____

Status of Application _____

EMPLOYMENT HISTORY

List covered employment starting with your most recent employer. List as many as you can remember. If you do not know the exact dates, give approximate dates. Attach additional sheets if necessary.

Name of Company	City	Dates of Employment		Local Union Number
		FROM	TO	
		Month-Year	Month-Year	

INSTRUCTIONS FOR FURNISHING PROOF OF AGE OF APPLICATION
(AND SPOUSE WHERE APPLICABLE)

One or more of the proofs of age listed below must be furnished. Proof as high on the list as possible should be submitted if obtainable. A birth certificate, for example, is more acceptable than a passport or a marriage record. Legible copies of original documents will be acceptable, and all original documents will be returned. An applicant whose name is different from the name on the birth certificate or other documentation, should submit proof of the name change, such as a marriage certificate.

1. Birth Certificate

2. REAL ID* Driver’s License *only* (must have REAL ID star)

3. Baptismal Certificate or statement of Date of Birth as shown by church records certified by custodian of such records

4. Notification of registration of birth in public registry of vital statistic

5. Hospital records of Date of Birth, certified by custodian of such records

6. Certificate of Social Security Award

7. Foreign church or government records

8. Signed statement of Physician or Midwife in attendance, of Date of Birth shown on their records

9. Census Records

10. Family Bible or other record, certified by Notary Public
11. Naturalization Record

12. Immigration Papers

13. Record of military service

14. Passport

15. School Record, certified by custodian of such records

16. Vaccination Record, certified by custodian of such records

17. Insurance Policy showing Date of Birth or age

18. Labor Union or Lodge records, certified by custodian of such records

19. Marriage Records showing Date of Birth or age (Application for Marriage License or church record) certified by custodian of such records

20. Other records, such as signed statement from persons having knowledge of Date of Birth; voting records; poll tax receipts; driver’s license; etc.

RIGHT TO DEFER YOUR DISTRIBUTION

You have the right to defer receiving a distribution from the Plan until a later date. Please read the enclosed notice entitled "Right to Defer Pension Benefits and Consequences of Not Deferring" before you make your election to take a pension benefit.

RELATIVE VALUE OF BENEFIT PAYMENT OPTIONS

Please read the enclosed disclosure on Relative Value of Benefit Payment Options before making your election of a form of benefit payment. This disclosure provides important information on how to compare the forms of payment offered under the Plan.

ELECTION OF FORM OF PENSION PAYMENTS

INSTRUCTIONS

(Please read carefully - For additional information, refer to the descriptions of your options in the Summary Plan Description, Schedule I that applies to you.)

Married Retirees

Spouse Joint and Survivor Annuity: Federal law requires the Plan to pay retirement benefits in a certain payment form if you are married unless you choose a different payment form and your spouse agrees in writing to that choice. The required payment form is called a Spouse Joint and Survivor Pension (technically referred to as a "qualified joint and survivor annuity"). The Spouse Joint and Survivor Pension provides you with a monthly retirement payment ("annuity") for the rest of your life. Then, if you die before your spouse, the Plan will pay your spouse a percentage of the benefit amount that was paid to you each month (50% or 75%, at the parties' election) after your death for the remainder of your spouse's life. The benefit paid to your spouse after your death is often called a "survivor benefit." Under the Spouse Joint and Survivor Pension, the monthly benefit paid to you is reduced to account for the fact the benefits will be paid after your death in the event you predecease your spouse. If you do not make any election, the 50% Spouse Joint and Survivor Pension is the automatic form of payment. You may also elect a 75% Spouse Joint and Survivor Pension unless you retire on a Disability Retirement Pension which is not available in the 75% Spouse Joint and Survivor form. Under the Spouse Joint and Survivor form of payment, the amount of your pension will not increase in the event your spouse dies first.

You and your spouse can waive the Joint and Survivor form of payment and elect the Three Year Certain Annuity, or Single Life Annuity, if you are applying for a Disability Pension. This waiver must be in writing and must be signed by both you and your spouse no earlier than 180 days or less than 30 days before your pension benefit effective date. Your spouse must sign in the presence of a notary public. Your spouse must acknowledge the effect of waiving this form of payment and that they understand that if you die first, the Plan will cease paying benefits after a total of 36 monthly payments are paid. They will not be paid a lifetime survivor benefit after your death. You will receive a form to complete for this purpose.

Note: The Normal Retirement, Early Retirement, or Vested Pension Benefits paid under a 50% Spouse Joint and Survivor Annuity or 75% Spouse Joint and Survivor Annuity form of payment will generally provide a lower monthly payment to you during your lifetime than that paid under the Three Year Certain Annuity form of payment. This is to account for the fact that benefits will be paid after your death in the event you die before your spouse. The choice is between more money during your lifetime with no survivor benefit for your surviving spouse versus less money during your lifetime with a benefit for your spouse for the remainder of their lifetime. The total amount paid under any choice is calculated so as to be approximately equal over both lifetimes.

If you and your spouse waive the survivor benefit and choose a Three Year Certain Annuity form of payment instead, then you will receive a higher monthly benefit for your lifetime but your pension payments from the Plan will stop upon your death after 36 monthly payments are paid. A waiver may be revoked at any time and any number of times before pension benefit payments begin. After pension benefits begin, you cannot change the form of the pension benefit payment.

Unmarried Retirees: If you are not married when Normal Retirement, Early Retirement or Vested Pension benefits begin your pension shall be paid under the Three-Year Certain Annuity form of payment. If you are not married when Disability Pension benefits begin your pension shall be paid under the Single Life Annuity form of payment.

Changing your Choice: The election or revocation of a form of pension payment may not be made or altered after the first pension payment.

LOCAL UNION CERTIFICATION

(To Be Completed By Local Union)

We certify that the following information is part of the official records of our Local with reference to the above-named applicant.

1. Applicant has held membership in GCC/IBT as follows: From _____ to _____ Local # _____

From _____ to _____ Local # _____ From _____ to _____ Local# _____

2. If not a union member, date of first collective bargaining agreement with employer _____

3. Applicant's date of birth according to Local's records _____

4. Date applicant will cease (or has ceased) all work in the industry _____ GCC/IBT Local No. _____

Date Signature of President or Principal Officer (The Signature must be an original) Title

ELECTION OF FORM OF BENEFIT PAYMENT

Check one of the boxes below. If you are not married, you must check box 3. If you check box 3, you must complete the enclosed Beneficiary Information.

- ☐ 1. I wish to receive my pension in the form of a 50% Spouse Joint and Survivor Annuity.
This option will provide me with a lifetime monthly pension and upon my death my surviving spouse will continue to receive an amount equal to one-half of my monthly pension. Please attach a copy of your marriage certificate and your spouse's proof of age.
- ☐ 2. I wish to receive my pension in the form of a 75% Spouse Joint and Survivor Annuity
This option will provide me with a lifetime monthly pension and upon my death my surviving spouse will continue to receive an amount equal to 75% of my monthly pension. Please attach a copy of your marriage certificate and your spouse's proof of age. (This option is not available for a Disability Pension.)
- ☐ 3. I wish to receive my pension in the form of a Three-Year Certain Annuity.
This option will provide me with a lifetime monthly pension. However, under this option the Plan must make a total of 36 monthly payments (i.e. three years) to you, or if you die before 36 payments are made, to your beneficiary until a total of 36 monthly payments are paid. If you are married and elect this option, then you will receive a waiver form to waive the 50% Spouse Joint and Survivor Annuity that must be signed by you and also by your spouse in front of a notary public, within 180 days prior to your pension benefit effective date. (This option is not available for a Disability Pension) (Complete the enclosed Beneficiary Information if you elect this option)
- ☐ 4. I wish to receive my pension in the form of a Single Life Annuity. (Disability Pensions ONLY)
This option will provide me with a lifetime monthly pension with no benefits payable after my death. If you are married and elect this option, then you will receive a waiver form to waive the 50% Spouse Joint and Survivor Annuity that must be signed by you and also by your spouse in front of a notary public, within 180 days prior to your pension benefit effective date.

Participant's Signature Participant's Full Name (Print) Date

IF YOU ARE MARRIED, YOUR SPOUSE MUST READ AND SIGN THE FOLLOWING ATTESTATION:

I am the lawful Spouse of the Participant signing this Application above. I understand that I am required under the terms of the Plan's procedures to notify the Plan within a reasonable time (not to exceed two weeks) of the death of the Participant in the event the Participant predeceases me. I understand that all benefit payments to the Participant cease as of the month following the Participant's death and any benefit payments that are made in any month following the Participant's death are presumed to be made to me as survivor benefits under the Spouse Joint and Survivor Annuity. If no survivor benefits are payable after the Participant's death, any payments made after death must be returned to the Plan.

Spouse's Signature Spouse's Full Name (Print) Date

BENEFICIARY INFORMATION

(Complete this election if you checked box 3 on the Pension Application)

THREE-YEAR CERTAIN ANNUITY- I hereby designate the following as my beneficiaries to receive the balance of payments due me, if any, payable under the Graphic Arts Industry Joint Pension Trust.

Name of Primary Beneficiary _____ Soc. Sec. No. _____

Address _____

Relationship _____

Name of Contingent Beneficiary _____ Soc. Sec. No. _____

Address _____

Relationship _____

Participant's Signature

Participant's Full Name (Print)

Date

**Right to Defer Pension Benefits and
Consequences of Not Deferring
under the Graphics Arts Industry Joint Pension Plan (the "Plan")**

Right to Defer Your Pension

You have the right to defer the receipt of your pension benefits under the Plan until the April 1 following the calendar year in which you reach age 73. Because you have this right, you should consider the consequences of electing to receive your benefits now instead of waiting until later.

If You Are Eligible for an Early Retirement Pension

If you are eligible for and elect to receive an Early Retirement Pension, there is an age-based reduction in the amount of your monthly benefit compared to the amount you would receive if you retire on your Normal Retirement Date which is age 65. You should refer to your Summary Plan Description for the eligibility requirements for an Early Retirement Pension.

For benefits earned on and after July 1, 2006, the amount of the reduction is 0.5% for each month between the date benefits begin and your Normal Retirement Date, age 65. For benefits earned before July 1, 2006 and provided you have 300 hours of Contributory Service in the Plan Year (July 1- June 30) before your retirement at or after age 55, the amount of the reduction is 0.25% for each month between the date benefits begin and the date you will attain age 62. If you have already attained age 62 when benefits begin, there is no reduction for early retirement for benefits earned before July 1, 2006.

Example: Assume you retire at age 55 and you have earned a Basic Benefit of \$400 a month. Of this amount \$375 was earned before July 1, 2006 and \$25 was earned on and after July 1, 2006. The benefit payable at age 55 is $\$375 \times 79\%$ (a reduction of 3% per year for retirement below age 62) or \$296.25 per month PLUS $\$25 \times 40\%$ (a reduction of 6% per year for retirement below age 65) or \$10.00 per month for a total early retirement benefit of \$306.25 per month. The monthly benefit payable at age 65 compared to the benefit payable at age 55 is reduced by \$93.75 due to early retirement.

If You Are Eligible for a Vested Pension

If you do not meet the requirements for an Early Retirement Pension, you may still be eligible to retire early on a reduced Vested Pension. You should refer to your Summary Plan Description for the eligibility requirements for a Vested Pension but note the following "special rule." You are also eligible for a Vested Pension if you terminated Covered Employment between July 1, 2000 and June 30, 2006 and after you are age 62, regardless of the number of years of Vesting Service, provided that you have completed 300 Hours of Service in the Plan Year in which you attain age 62 or in the immediate preceding Plan Year.

A Vested Pension can begin as early as age 55 in a reduced amount to take into account your younger age at retirement. If you begin to receive benefit payments before age 65, your benefit will be reduced by 0.5% for each month between the date benefits begin and the date you will reach age 65. However, your pension benefit is unreduced if you are eligible due to the "special rule."

Other Considerations

You may defer the receipt of your pension when you leave the industry even if you have reached retirement age. If you delay payment of your pension until after age 65, your pension benefit will either be paid retroactively to your effective date or be actuarially increased.

Other Consequences of Taking Your Pension Now

As a consequence of taking your pension now, you will generally have to pay income tax on the benefits you receive. Once you take your pension benefit, you will not be able to change your mind and defer it until a later date. Therefore, you may want to consult with a financial or tax advisor before deciding to begin receiving a distribution of your pension benefit.

For additional information on the consequences of taking your pension benefit now instead of later, you should refer to the sections of your Summary Plan Description entitled "Normal Retirement Pension," "Early Retirement Pension", "Vested Pension", "Application for Pension Benefits" and "Plan Insurance." A copy of the Summary Plan Description is available from the Plan office free of charge.

**Right to Defer Pension Benefits and
Consequences of Not Deferring
under the Graphics Arts Industry Joint Pension Plan (the "Plan")
Default Schedule**

This notice applies to participants who are subject to the "Default Schedule" of the Plan's Rehabilitation Plan.

Right to Defer Your Pension

You have the right to defer the receipt of your pension benefits under the Plan until the April 1 following the calendar year in which you reach age 73. Because you have this right, you should consider the consequences of electing to receive your benefits now instead of waiting until later.

If You Are Eligible for an Early Retirement Pension

If you are eligible for and elect to receive an Early Retirement Pension, there is an age-based reduction in the amount of your monthly benefit compared to the amount you would receive if you retire on your Normal Retirement Date which is age 65. You should refer to your Summary Plan Description for the eligibility requirements for an Early Retirement Pension.

Your Early Retirement Pension can begin as early as age 55 in a reduced amount to take into account your younger age at retirement. If you begin to receive benefit payments before age 65, your benefit will be actuarially reduced for each month between the date benefits begin and the date you will reach age 65 in accordance with the early retirement factors in the attached Table 1.

If You Are Eligible for a Vested Pension

If you do not meet the requirements for an Early Retirement Pension, you may still be eligible to retire early on a reduced Vested Pension. You should refer to your Summary Plan Description for the eligibility requirements for a Vested Pension.

A Vested Pension can begin as early as age 55 in a reduced amount to take into account your younger age at retirement. If you begin to receive benefit payments before age 65, your benefit will be actuarially reduced for each month between the date benefits begin and the date you will reach age 65 in accordance with the early retirement factors in the attached Table 1.

Other Considerations

You may defer the receipt of your pension when you leave the industry even if you have reached retirement age. If you delay payment of your pension until after age 65, your pension benefit will either be paid retroactively to age 65, provided you apply within 24 months of attaining age 65, or be actuarially increased.

Other Consequences of Taking Your Pension Now

As a consequence of taking your pension now, you will generally have to pay income tax on the benefits you receive. Once you take your pension benefit, you will not be able to change your mind and defer it until a later date. Therefore, you may want to consult with a financial or tax advisor before deciding to begin receiving a distribution of your pension benefit.

For additional information on the consequences of taking your pension benefit now instead of later, you should refer to the sections of your Summary Plan Description entitled "Normal Retirement Pension," "Early Retirement Pension" (as updated in this Notice), Vested Pension (as updated in this Notice), "Application for Pension Benefits" and "Plan Insurance." A copy of the Summary Plan Description is available from the Plan office free of charge.

APPENDIX C-Table 2

Graphic Arts Industry Joint Pension Plan
Actuarial Equivalent Early Retirement Factors
Normal Form of Pension: 3-Year Certain and Life Annuity

<u>Age</u>	<u>Number of Months</u>											
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>
55	0.3660	0.3689	0.3719	0.3748	0.3777	0.3807	0.3836	0.3865	0.3895	0.3924	0.3954	0.3983
56	0.4012	0.4045	0.4078	0.4111	0.4143	0.4176	0.4209	0.4242	0.4274	0.4307	0.4340	0.4373
57	0.4405	0.4442	0.4479	0.4515	0.4552	0.4589	0.4625	0.4662	0.4699	0.4735	0.4772	0.4809
58	0.4845	0.4886	0.4928	0.4969	0.5010	0.5051	0.5092	0.5133	0.5174	0.5215	0.5256	0.5298
59	0.5339	0.5385	0.5431	0.5477	0.5524	0.5570	0.5616	0.5662	0.5709	0.5755	0.5801	0.5847
60	0.5894	0.5946	0.5998	0.6050	0.6102	0.6155	0.6207	0.6259	0.6311	0.6363	0.6415	0.6468
61	0.6520	0.6579	0.6638	0.6697	0.6756	0.6815	0.6874	0.6933	0.6992	0.7052	0.7111	0.7170
62	0.7229	0.7296	0.7363	0.7430	0.7497	0.7564	0.7631	0.7698	0.7765	0.7832	0.7900	0.7967
63	0.8034	0.8110	0.8187	0.8263	0.8339	0.8416	0.8492	0.8569	0.8645	0.8722	0.8798	0.8875
64	0.8951	0.9038	0.9126	0.9213	0.9301	0.9388	0.9475	0.9563	0.9650	0.9738	0.9825	0.9913
65	1.0000											

Interest rate: 7.00%

Mortality: 1971 Group Annuity Mortality Table (85% male/ 15% female)

RELATIVE VALUE OF BENEFIT PAYMENT OPTIONS

Local 612M (Former Local 31C)

Our Plan offers optional forms of payment to all eligible married participants in addition to the normal form of payment available under our Plan. In most cases, these optional forms of payment for a married participant retiring at age 55, 60, or 65 have relatively the same value as the normal form of payment with one exception. For a disabled married participant retiring at ages 55 or 60, the present value of the Single Life Annuity is more than 105% of the present value of the 50% Spouse Joint and Survivor Annuity.

The remainder of this notice explains what this means, how this was determined, and why you need to know this.

What Is Relative Value?

Relative value means the actuarial present value of the optional form of payment compared to the actuarial present value of the normal form of payment under a plan. The relative value is calculated by converting the value of each generally available form of payment and expressing the value as either approximately the same or as a percentage of the normal forms of payment under our Plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop “average life expectancies.”
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

What Are The Relative Values Under Our Plan?

Under our Plan, the normal forms of payment are the:

- 50% Spouse Joint and Survivor Annuity for married participants,
- Three Year Certain and Life Annuity for single participants eligible for non-disability pensions, and
- Single Life Annuity for single participants eligible for disability pensions

The optional forms of payment for married participants are the:

- 75% Spouse Joint and Survivor Annuity for participants eligible for non-disability pensions,
- Three Year Certain and Life Annuity for participants eligible for non-disability pensions, and
- Single Life Annuity for disability pensions.

All optional forms of payment available to married participants have approximately the same actuarial present value as the normal form, except as indicated below. There are no optional forms of payment for single participants. Please refer to the description on the application under Election of Form of Pension Payments or to your Summary Plan Description if you would like additional information on your payment options. Also included in this packet is the document entitled “Estimate of Pension Benefits” which provides an estimated amount of the monthly benefit payable to you at normal retirement age in the form of a Three Year Certain Annuity.

How Was This Determined?

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

The values were calculated, for comparison purposes, assuming the Fund would earn 7.00% interest and that, on average, non-disabled participants and spouses would live as long as predicted under the 1971 Group Annuity mortality table (the 1983 Railroad Retirement Board mortality table for disabled participants). We also assumed for married participants that the spouse is the same age as the participant.

What Does This Mean To Me?

As stated earlier, basically, this means the generally available forms of payment have relatively the same value except as indicated in the table below. However, it is important that you realize that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long the individual and spouse or beneficiary in fact live and on their ages when payments start. The calculation of the Spouse Joint and Survivor Annuities depends on the actual age of your spouse. For example, annuity payments will be significantly lower if your spouse is significantly younger than you.

Upon your written request, you will be provided with a similar comparison, based on your own age and estimated benefits, between your annuity form of payment and the other forms of payment for which you are eligible. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

Ratio of the Present Value of the Optional Form of Payment to the Normal Form of Payment for *Disabled Married Participants*:

Retirement Age	Ratio
55	111%
60	110%

All other optional forms of payment have relatively the same value as the normal form of payment.

GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST
3040 WILLIAMS DRIVE, SUITE 640
FAIRFAX, VA 22031
PHONE: (571) 800-1860 • FAX: (571) 520-4167 • WEBSITE: GAIJPT.ORG

NOTE: BENEFIT RECIPIENTS ARE NOW REQUIRED TO HAVE THEIR MONTHLY PAYMENTS TRANSMITTED ELECTRONICALLY TO THEIR BANK OR CREDIT UNION ACCOUNTS. THIS WILL ELIMINATE THE POSSIBILITY OF CHECKS BEING LATE, LOST OR STOLEN. YOUR FUNDS WILL BE AVAILABLE ON THE FIRST BUSINESS DAY OF THE MONTH. COMPLETE AND RETURN THIS FORM USING THE ENCLOSED ENVELOPE. PLEASE NOTIFY US OF ANY CHANGE IN YOUR FINANCIAL INSTITUTION AND KEEP US ADVISED OF YOUR CURRENT HOME ADDRESS.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
(Please Print)

I hereby authorize the Graphic Arts Industry Joint Pension Trust (the Plan) to initiate credit entries (deposits) and if necessary, debit adjustment entries to my Checking or Savings account number listed below. This authority is to remain in full force and effect until the Plan receives written notification of termination.

Further, by signing this form below, I hereby authorize the bank named herein into which my deposits from the Plan are to be made to release information regarding my bank account in the event the Plan makes erroneous deposits into my bank account after my death.

Name: _____ Social Security #: _____

Home Phone #: _____ Cell Phone #: _____

Home Address: _____

Bank Name and Address: _____

Bank (9 digit) Routing Number: _____

Bank Account Number: _____ ☐ Checking ☐ Savings

Participant's Signature

Date

GO ON TO NEXT PAGE

**Graphic Arts industry Joint Pension Trust
Authorization Agreement for Direct Deposit
Page 2 of 2**

1. JOINT ACCOUNTS: Your joint account holder(s) must complete this section. If there is more than one joint account holder, please contact the Plan Office for an additional Form. If there is NO joint account holder, see #2 below.

Name (s), address(es) and phone numbers of Joint Account Holder: _____

Home Phone #: _____ Cell Phone #: _____

Home Address: _____

I, a joint account holder with the pensioner in the Graphic Arts Industry Joint Pension Trust ("Plan") named herein who is receiving a monthly pension from the Plan, acknowledge that any direct deposit pension payments made into our joint bank account for any month after the death of the pensioner **are not my property** but are Plan assets and must be returned to the Plan. Further, I will attempt to contact the Plan immediately upon the death of the pensioner named herein to inform the Plan of the pensioner's death.

Signature: _____ Date: _____

2. NO JOINT ACCOUNT HOLDER: Sign below to affirm that there is no joint account holder.

Signature of Participant: _____ Date: _____

Please staple or otherwise attach a voided check in the space provided here. The check **MUST** be from the account where you want your funds to be deposited.

PLEASE KEEP IN MIND THAT COMMUNICATIONS VIA EMAIL OR THE INTERNET ARE NOT SECURE. ALTHOUGH IT IS UNLIKELY, THERE IS A POSSIBILITY THAT INFORMATION YOU INCLUDE IN AN EMAIL CAN BE INTERCEPTED AND READ BY PARTIES OTHER THAN THE PERSON TO WHOM IT IS ADDRESSED.

WE RECOMMEND THAT YOU SEND THIS DIRECT DEPOSIT FORM TO US THROUGH USPS OR UPS.