



MEMBER ID: _____

Complete this form to change banking information.

PERSONAL INFORMATION

SSN: _____

Name of Member (last, first, middle initial): _____

Address: _____ City _____ State _____ ZIP _____

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____ Email: _____

DEPOSITORY INFORMATION

Bank Name: _____

Bank Address: _____ City _____ State _____ ZIP _____

Routing Number: _____ Account Number: _____

Account Type: [] Checking [] Savings

Please attach a voided check or savings deposit slip.

Any changes to the above specified depository information must be submitted in writing. Please note that checks may be issued by the Pension Boards or by our bank Northern Trust.

SIGNATURE

Single Name Account Agreement

If Northern Trust, on behalf of the Pension Boards, should make a payment after my death, I hereby agree, on behalf of my executors and administrators, that my estate, and depository listed above, will refund any such money to PBUCC.

Signature: _____ Date: ____/____/____

Joint Name Account Agreement

If any funds credited to the account that represent a payment to the member made after the death of such member, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to return such funds to PBUCC. This shall not in any way diminish any rights that the undersigned may have to receive any payment under the Plan.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.